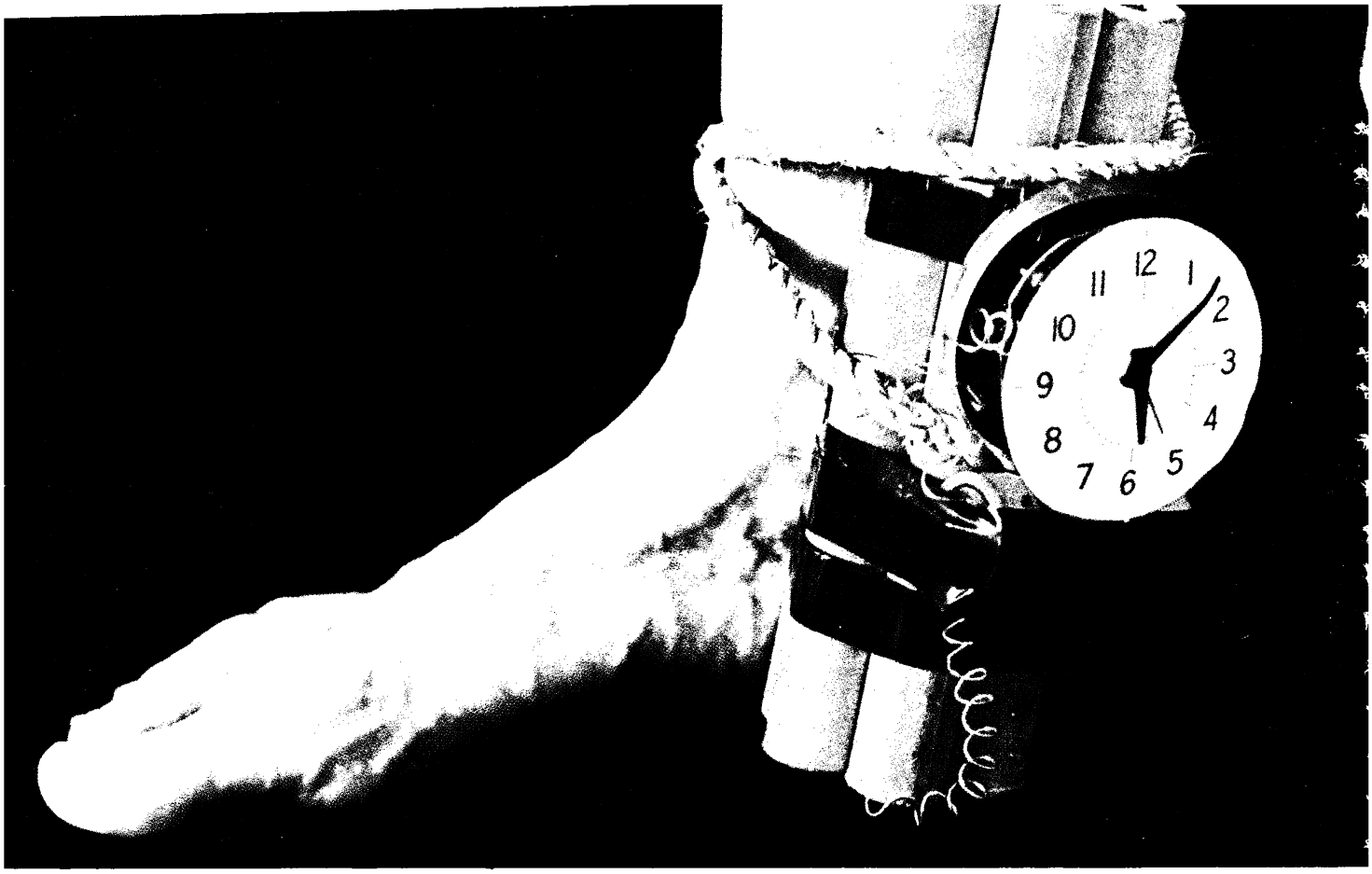


rheumatoid arthritic blowup...

Tandearil® Geigy

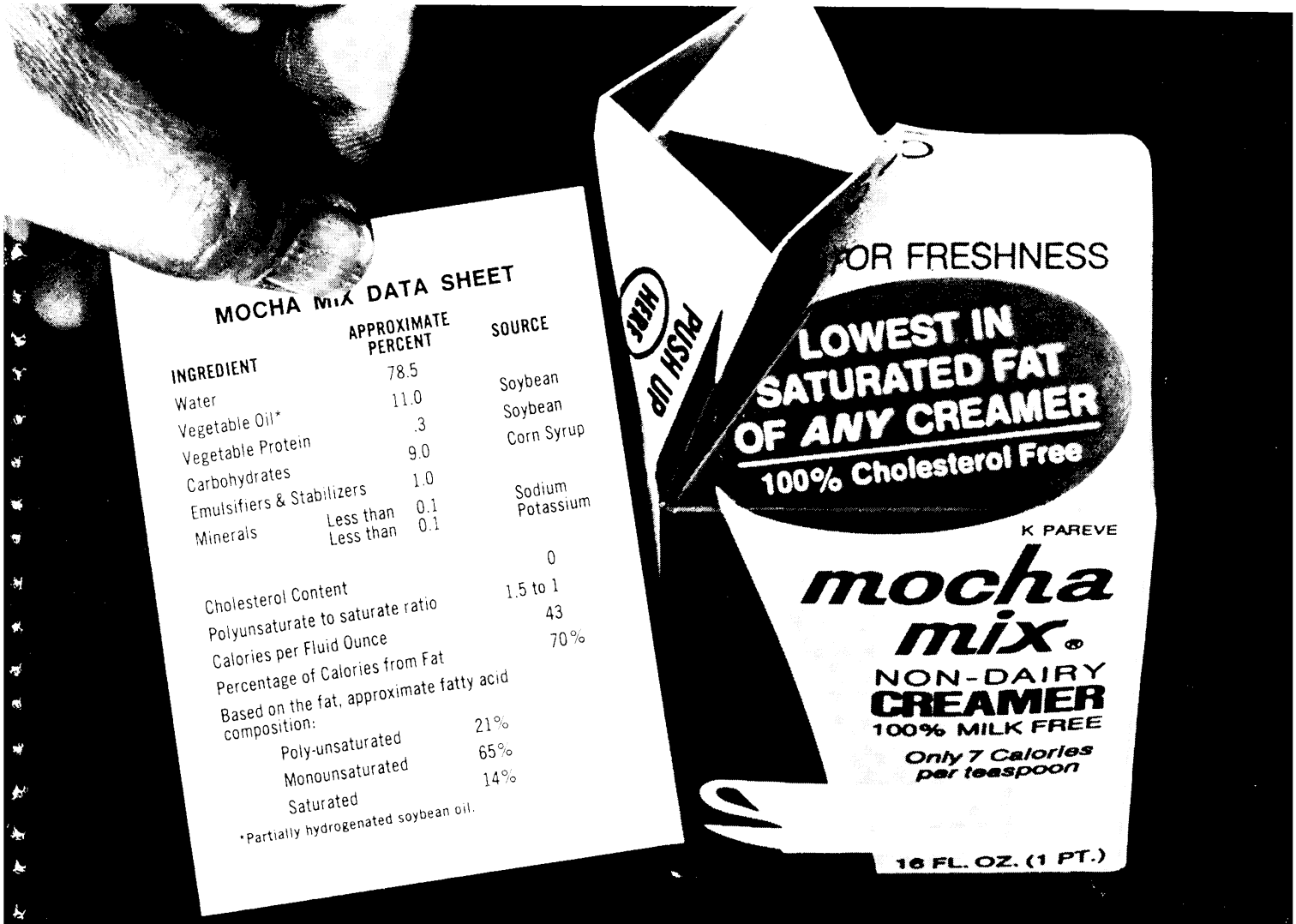
oxyphenbutazone NF tablets of 100 mg.

Important Note: This drug is not a simple analgesic. Do not administer casually. Carefully evaluate patients before starting treatment and keep them under close supervision. Obtain a detailed history, and complete physical and laboratory examination (complete hemogram, urinalysis, etc.) before prescribing and at frequent intervals thereafter. Carefully select patients, avoiding those responsive to routine measures, contraindicated patients or those who cannot be observed frequently. Warn patients not to exceed recommended dosage. Short-term relief of severe symptoms with the smallest possible dosage is the goal of therapy. Dosage should be taken with meals or a full glass of milk. Patients should discontinue the drug and report immediately any sign of: fever, sore throat, oral lesions (symptoms of blood dyscrasia); dyspepsia, epigastric pain, symptoms of anemia, black or tarry stools or other evidence of intestinal ulceration or hemorrhage, skin reactions, significant weight gain or edema. A one-week trial period is adequate. Discontinue in the absence of a favorable response. Restrict treatment periods to one week in patients over sixty.
Indications: Acute gouty arthritis, rheumatoid arthritis, rheumatoid spondylitis.
Contraindications: Children 14 years or less; senile patients; history or symptoms of G.I. inflammation or ulceration including severe, recurrent or persistent dyspepsia; history or presence of drug allergy; blood dyscrasias; renal, hepatic or cardiac dysfunction; hypertension; thyroid disease; systemic edema; stomatitis and salivary gland enlargement due to the drug; polymyalgia rheumatica and temporal arteritis; patients receiving other potent chemotherapeutic agents, or long-term anticoagulant therapy.
Warnings: Age, weight, dosage, duration of therapy, existence of concomitant diseases, and concurrent potent chemotherapy affect incidence of toxic reactions. Carefully instruct and observe the individual patient, especially the aging (forty years and over) who have increased susceptibility to the toxicity of the drug. Use lowest effective dosage. Weigh initially unpredictable benefits against potential risk of severe, even fatal, reactions. The disease condition itself is unaltered by the drug. Use with caution in first trimester of pregnancy and in nursing mothers. Drug may appear in cord blood and breast milk. Serious, even fatal, blood dyscrasias, including aplastic anemia, may occur suddenly despite regular hemograms, and may become manifest days or weeks after cessation of drug. Any significant change in total white count, relative decrease in granulocytes, appearance of immature forms, or fall in hematocrit should signal immediate cessation of therapy and complete hematologic investigation. Unexplained bleeding involving CNS, adrenals, and G.I. tract has occurred. The drug may potentiate action of insulin, sulfonylurea, and sulfonamide-type agents. Carefully observe patients taking these agents. Nontoxic and toxic goiters and myxedema have been reported (the drug reduces iodine uptake by the thyroid). Blurred vision can be a significant toxic symptom worthy of a complete ophthalmological examination. Swelling of ankles or face in patients under sixty may be prevented by reducing dosage. If edema occurs in patients over sixty, discontinue drug.
Precautions: The following should be accomplished at regular intervals: Careful detailed history for disease being treated and detection of earliest signs of adverse reactions; complete physical examination including check of patient's weight; complete weekly (especially for the aging) or an every two week blood check; pertinent laboratory studies. Caution patients about participating in activity requiring alertness and coordination, as driving a car, etc. Cases of leukemia have been reported in patients with a history of short- and long-term therapy. The majority of these patients were over forty. Remember that arthritic-type pains can be the presenting symptom of leukemia.
Adverse Reactions: This is a potent drug; its misuse can lead to serious results. Review detailed information before beginning therapy. Ulcerative esophagitis, acute and reactivated gastric and duodenal ulcer with perforation and hemorrhage, ulceration and perforation of large bowel, occult G.I. bleeding with anemia, gastritis, epigastric pain, hematemesis, dyspepsia, nausea, vomiting and diarrhea, abdominal distention, agranulocytosis, aplastic anemia, hemolytic anemia, anemia due to blood loss including occult G.I. bleeding, thrombocytopenia, pancytopenia, leukemia, leukopenia, bone marrow depression, sodium and chloride retention, water retention and edema, plasma dilution, respiratory alkalosis, metabolic acidosis, fatal and nonfatal hepatitis (cholestasis may or may not be prominent), petechiae, purpura without thrombocytopenia, toxic pruritus, erythema nodosum, erythema multiforme, Stevens-Johnson syndrome, Lyell's syndrome (toxic necrotizing epidermolysis), exfoliative dermatitis, serum sickness, hypersensitivity angiitis (polyarteritis), anaphylactic shock, urticaria, arthralgia, fever, rashes (all allergic reactions require prompt and permanent withdrawal of the drug), proteinuria, hematuria, oliguria, anuria, renal failure with azotemia, glomerulonephritis, acute tubular necrosis, nephrotic syndrome, bilateral renal cortical necrosis, renal stones, ureteral obstruction with uric acid crystals due to uricosuric action of drug, impaired renal function, cardiac decompensation, hypertension, pericarditis, diffuse interstitial myocarditis with muscle necrosis, perivascular granulomata, aggravation of temporal arteritis in patients with polymyalgia rheumatica, optic neuritis, blurred vision, retinal hemorrhage, toxic amblyopia, retinal detachment, hearing loss, hyperglycemia, thyroid hyperplasia, toxic goiter association of hyperthyroidism and hypothyroidism (causal relationship not established), agitation, confusional states, lethargy; CNS reactions associated with overdosage, including convulsions, euphoria, psychosis, depression, headaches, hallucinations, giddiness, vertigo, coma, hyperventilation, insomnia; ulcerative stomatitis, salivary gland enlargement.
(B) 98-146-800-E

For complete details, including dosage, please see full prescribing information.

GEIGY Pharmaceuticals
Division of CIBA-GEIGY Corporation
Ardsley, New York 10502

TA-8356-9



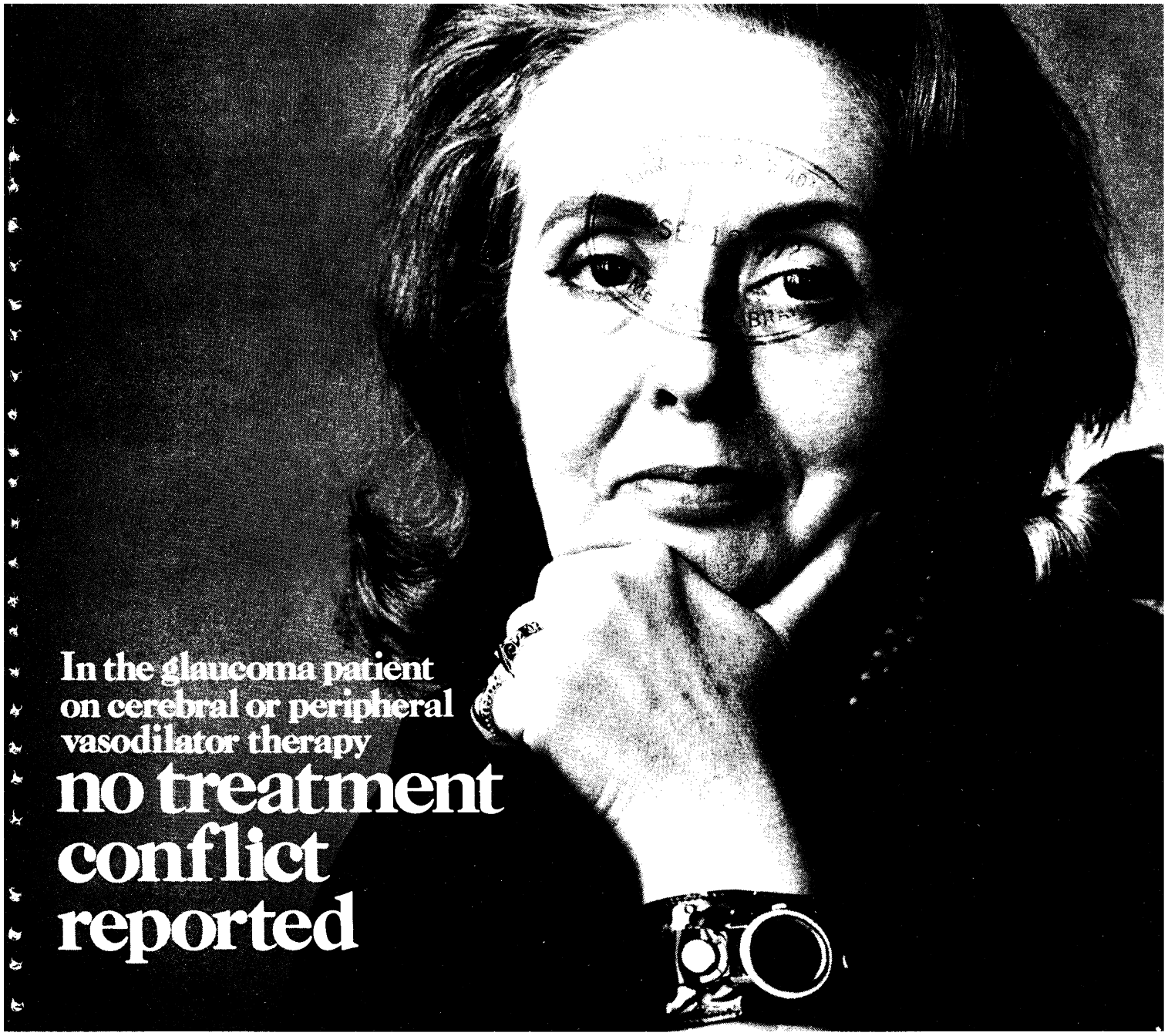
Mocha Mix® presents its credentials:

Study them. Note how low Mocha Mix® is in saturated fat. (Actually the lowest of any creamer — liquid, frozen or powdered.) Then note the unsaturated to saturated fat ratio (1.5:1). And Mocha Mix is 100% milk-free and 100% cholesterol-free, too! Taste? In coffee . . . on cereal, fruit or desserts . . . or for cooking, any way, any time a creamer is called for, Mocha Mix is the most delicious creamer ever!

In addition to the 16 oz. size found in the dairy case of most grocery stores, Mocha Mix is available in larger sizes and ½ oz. portion packs for hospitals and institutions.

Interested? Send us a note and we will send you a supply of coupons your patients can redeem at their grocers. Hospital service may also be supplied upon request. Mail to: Mocha Mix Dept. Presto Food Products, Inc. P.O. Box No. 21908, Los Angeles, Calif. 90021

***mocha mix*. . . . the non-dairy creamer that's lowest in saturated fat!**



VASODILAN®

(ISOXSUPRINE HCl)

the compatible vasodilator

- no reported increase of intraocular pressure
- conflicts have not been reported with miotics, corticosteroids, antihypertensives, hypoglycemics or diuretics

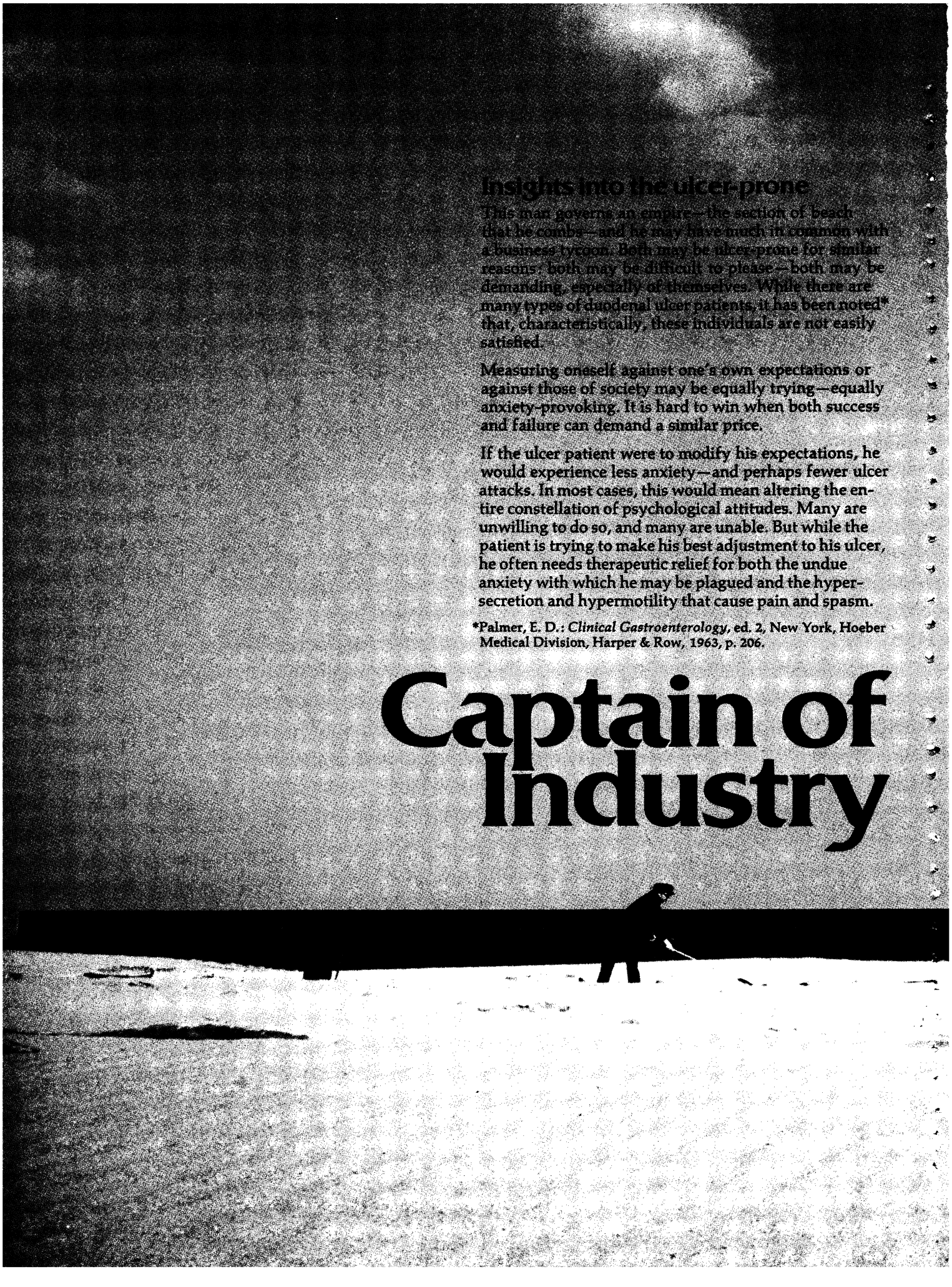
In fact, there are no known contraindications in recommended oral doses other than it should not be given in the presence of frank arterial bleeding or immediately postpartum.

Although not all clinicians agree on the value of vasodilators in vascular disease, several investigators[1-4] have reported favorably on the effects of isoxsuprine. Effects have been demonstrated both by objective measurement[2,4] and observations of clinical improvement.[1,3]

Composition: VASODILAN tablets, isoxsuprine HCl, 10 mg. and 20 mg. **Indications:** In cerebral vascular disorders for relief of symptoms due to vascular insufficiency associated with various conditions such as arteriosclerosis and hypertension. In peripheral vascular disorders for relief of symptoms such as intermittent claudication, coldness, numbness, pain and cramping of the extremities—in the management of arteriosclerosis obliterans, diabetic vascular diseases, thromboangiitis obliterans (Buerger's disease), Raynaud's disease, postphlebitic conditions, acroparesthesia, frostbite syndrome and ulcers of the extremities (arteriosclerotic, diabetic, thrombotic). **Dosage and Administration:** In peripheral and cerebral vascular disorders—10 to 20 mg. three or four times daily. **Contraindications and Cautions:** There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding. **Adverse Reactions:** On rare occasions, oral administration of the drug has been associated in time with the occurrence of severe rash. When rash appears, the drug should be discontinued. Occasional overdosage effects such as transient palpitation or dizziness are usually controlled by reducing the dose. **Supplied:** Tablets, 10 mg.—bottles of 100, 1000, 5000 and Unit Dose; 20 mg.—bottles of 100, 500 and Unit Dose.

References: (1) Clarkson, I. S., and LePere, D. M.: Angiology *11*:190-192 (June) 1960. (2) Horton, G. E., and Johnson, P. C., Jr.: Angiology *15*:70-74 (Feb.) 1964. (3) Dhrymiotis, A. D., and Whittier, J. R.: Curr. Ther. Res. *4*:124-128 (April) 1962. (4) Whittier, J. R.: Angiology *15*:82-87 (Feb.) 1964.

Mead Johnson LABORATORIES



Insights into the ulcer-prone

This man governs an empire—the section of beach that he combs—and he may have much in common with a business tycoon. Both may be ulcer-prone for similar reasons; both may be difficult to please—both may be demanding, especially of themselves. While there are many types of duodenal ulcer patients, it has been noted* that, characteristically, these individuals are not easily satisfied.

Measuring oneself against one's own expectations or against those of society may be equally trying—equally anxiety-provoking. It is hard to win when both success and failure can demand a similar price.

If the ulcer patient were to modify his expectations, he would experience less anxiety—and perhaps fewer ulcer attacks. In most cases, this would mean altering the entire constellation of psychological attitudes. Many are unwilling to do so, and many are unable. But while the patient is trying to make his best adjustment to his ulcer, he often needs therapeutic relief for both the undue anxiety with which he may be plagued and the hypersecretion and hypermotility that cause pain and spasm.

*Palmer, E. D.: *Clinical Gastroenterology*, ed. 2, New York, Hoeber Medical Division, Harper & Row, 1963, p. 206.

Captain of Industry

Librax can relieve excessive anxiety, thereby helping to reduce pain and spasm

Since duodenal ulcer is frequently associated with excessive anxiety and tension, therapy logically demands relief from both the psychic and the somatic discomfort. Librax can help provide this dual relief. Only Librax provides in a single capsule both the antianxiety action of Librium® (chlordiazepoxide HCl) and the antisecretory/antispasmodic action of Quarzan® (clidinium Br). With Librax, the patient usually tends to react less strongly to anxiety-provoking situations, and hypersecretion and hypermotility are also reduced. A reduction of associated pain and spasm can also be expected, and often ulcer attacks become fewer and farther between!

Up to 8 capsules daily in divided doses

Optimum therapeutic response can be achieved with individualization of dosage—within the range of 1 or 2 capsules, 3 or 4 times daily. Many patients will respond well to 1 capsule *t.i.d.* and 2 at bedtime. Librax can often be relied on both to help in managing the acute attack and to help the patient maintain gains in therapy.

Librax: Initial therapy, Rx #35, Sig: cap. $\overline{1}$ *t.i.d. a.c.* and $\overline{11}$ *h.s.*

Follow-up therapy, Rx #100, Sig: cap. $\overline{1}$ *t.i.d. a.c.* and $\overline{11}$ *h.s.*

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Symptomatic relief of hypersecretion, hypermotility and anxiety and tension states associated with organic or functional gastrointestinal disorders; and as adjunctive therapy in the management of peptic ulcer, gastritis, duodenitis, irritable bowel syndrome, spastic colitis, and mild ulcerative colitis.

Contraindications: Patients with glaucoma; prostatic hypertrophy and benign bladder neck obstruction; known hypersensitivity to chlordiazepoxide hydrochloride and/or clidinium bromide.

Warnings: Caution patients about possible combined effects with alcohol and other CNS depressants. As with all CNS-acting drugs, caution patients against hazardous occupations requiring complete mental alertness (*e.g.*, operating machinery, driving). Though physical and psychological dependence have rarely been reported on recommended doses, use caution in administering Librium (chlordiazepoxide hydrochloride) to known addiction-prone individuals or those who might increase dosage; withdrawal symptoms (including convulsions), following discontinuation of the drug and similar to those seen with barbiturates, have been reported. Use of any drug in pregnancy, lactation, or in women of childbearing age requires that its potential benefits be weighed against its possible hazards. As with all anticholinergic drugs, an inhibiting effect on lactation may occur.

Precautions: In elderly and debilitated, limit dosage to smallest effective amount to preclude development of ataxia, oversedation or confusion (not more than two capsules per day initially; increase gradually as needed and tolerated). Though generally not recommended, if combination therapy with other psychotropics seems indicated, carefully consider individual pharmacologic effects, particularly in use of potentiating drugs such as MAO inhibitors and phenothiazines. Observe usual precautions in presence of impaired renal or hepatic function. Paradoxical reactions (*e.g.*, excitement, stimulation and acute rage) have been reported in psychiatric patients. Employ usual precautions in treatment of anxiety states with evidence of impending depression; suicidal tendencies may be present and protective measures necessary. Variable effects on blood coagulation have been reported very rarely in patients receiving the drug and oral anticoagulants; causal relationship has not been established clinically.

Adverse Reactions: No side effects or manifestations not seen with either compound alone have been reported with Librax. When chlordiazepoxide hydrochloride is used alone, drowsiness, ataxia and confusion may occur, especially in the elderly and debilitated. These are reversible in most instances by proper dosage adjustment, but are also occasionally observed at the lower dosage ranges. In a few instances syncope has been reported. Also encountered are isolated instances of skin eruptions, edema, minor menstrual irregularities, nausea and constipation, extrapyramidal symptoms, increased and decreased libido—all infrequent and generally controlled with dosage reduction; changes in EEG patterns (low-voltage fast activity) may appear during and after treatment; blood dyscrasias (including agranulocytosis), jaundice and hepatic dysfunction have been reported occasionally with chlordiazepoxide hydrochloride, making periodic blood counts and liver function tests advisable during protracted therapy. Adverse effects reported with Librax are typical of anticholinergic agents, *i.e.*, dryness of mouth, blurring of vision, urinary hesitancy and constipation. Constipation has occurred most often when Librax therapy is combined with other spasmolytics and/or low residue diets.

Dosage: Individualize for maximum beneficial effects. Usual maintenance dose is 1 or 2 capsules, 3 or 4 times a day, before meals and at bedtime. Geriatric patients—see Precautions.

How Supplied: Librax® Capsules, each containing 5 mg chlordiazepoxide hydrochloride (Librium®) and 2.5 mg clidinium bromide (Quarzan®)—bottles of 100 and 500.

for the anxiety-linked symptoms of duodenal ulcer

adjunctive

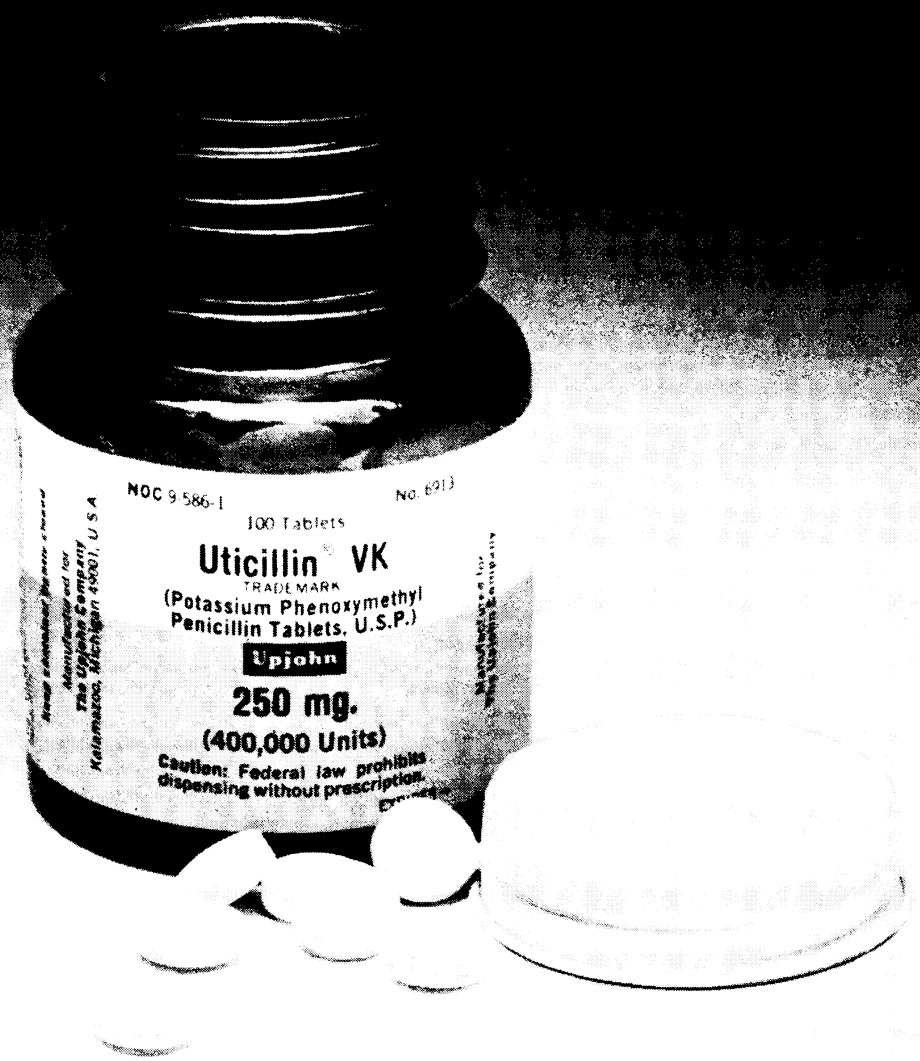
Librax®

Each capsule contains 5 mg chlordiazepoxide HCl and 2.5 mg clidinium Br.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110

Upjohn's low-priced penicillin VK



Uticillin® VK

(potassium phenoxymethyl penicillin, U.S.P., Upjohn)

Available in 250 and 500 mg tablets;
250 mg/5 ml and 125 mg/5 ml flavored granules
for oral suspension

Upjohn The Upjohn Company
Kalamazoo, Michigan 49001

CLASSIFIED ADVERTISEMENTS

Rates for each insertion are $15 for fifty words or less; additional words 15 cents each; Box number charge: $1.50.

Classified display rates $25.00 per inch.

Copy for classified advertisements should be received not later than *the fifth of the month preceding issue.* • Classified advertisers using Box Numbers forbid the disclosure of their identity. Your inquiries in writing will be forwarded to Box Number advertisers. The right is reserved to reject or modify all classified advertising copy in conformity with the rules of the Advertising Committee.

CLASSIFIED ADVERTISEMENTS ARE PAYABLE IN ADVANCE

INTERNISTS OR GENERAL PRACTITIONERS

Excellent opportunity for internists with pulmonary disease background or general practitioners interested in pulmonary diseases, primarily tuberculosis. Either full time or half time positions available.

Salary commensurate with training and experience.

Contact: Dr. Leo Tepper, Rancho
Los Amigos Hospital,
7601 E. Imperial Highway,
Downey, Calif.
(213) 773-4331 (213) 869-0921

SENIOR HEALTH PHYSICIAN

The Los Angeles County Health Department has two vacancies in medical program administration. A Director of Prenatal Services, requiring Board Certification or eligibility in Obstetrics and Gynecology, and Assistant Director of the Maternity and Infant Care Project requiring Board certification or eligibility in Pediatrics. Interested persons should address inquiries to: Robert C. Weiss, M.D., Director,

Bureau of Maternal
and Child Health
County of Los Angeles
Health Department
313 No. Figueroa
Los Angeles, Calif. 90012

EMERGENCY ROOM PHYSICIANS

Martin Luther King, Jr. General Hospital

Openings available for physicians to staff emergency services in this new Los Angeles County hospital.

— 40 Hour Week
— Ample Vacation
— An Excellent Health and Retirement Plan
— Salary plus bonus
— Opportunity for substantial overtime income, if desired
— Paid malpractice insurance

Contact:
Theodore Schlater, M.D.
Dir. of Emergency Services
Martin Luther King, Jr.
General Hospital
12012 Compton Ave., Los Angeles, Ca.
(213) 537-4541

Loans to Physicians and Medical Executives by Mail or Phone.

$2,000 to $10,000

Strictest confidence. No collateral.

A private, convenient source of credit for the executive or professional. No embarrassing investigation. Signatures only. All details arranged by personal unmarked mail in the privacy of your home or office. Sensible rates. Flexible payment schedules. No prepayment penalties.

For prompt action, phone Lawrence W. Lundbeck, Director, collect at (408) 247-8666. Or write to him personally at Department M-1, Woodhams Center, 4495 Stevens Creek Boulevard, Santa Clara, California 95050.

BENEFICIAL EXECUTIVE LOAN SERVICES
A Division of Beneficial Thrift Co. Capitalized by BENEFICIAL CORPORATION. Assets over $2 billion.

(This offer open only to California residents)

PHYSICIANS WANTED

INTERNIST WANTED—Cardiology training desired but not necessary. To join two internist-cardiologists with active practice in Anaheim, Calif. Salary first year, partnership thereafter. Call or write R.L. Willner, M.D., 1741 W. Romneya Dr., Anaheim (714)776-5920.

CHIEF OF SURGERY needed for large Veterans Home Hospital, Yountville, California. Salary dependent on background. Excellent retirement plan and many fringe benefits. Situated in beautiful Napa Valley one hour from San Francisco. Call Dr. Johnson, Chief Medical Officer, (707) 944-2422.

HUNTINGTON BEACH—BUILD TO SUIT '72-73 NEAR HUNTINGTON HARBOUR, fast growing, smog free. One mile to ocean. Pediatrician, general practitioner, etc., needed. Call 714-846-2806.

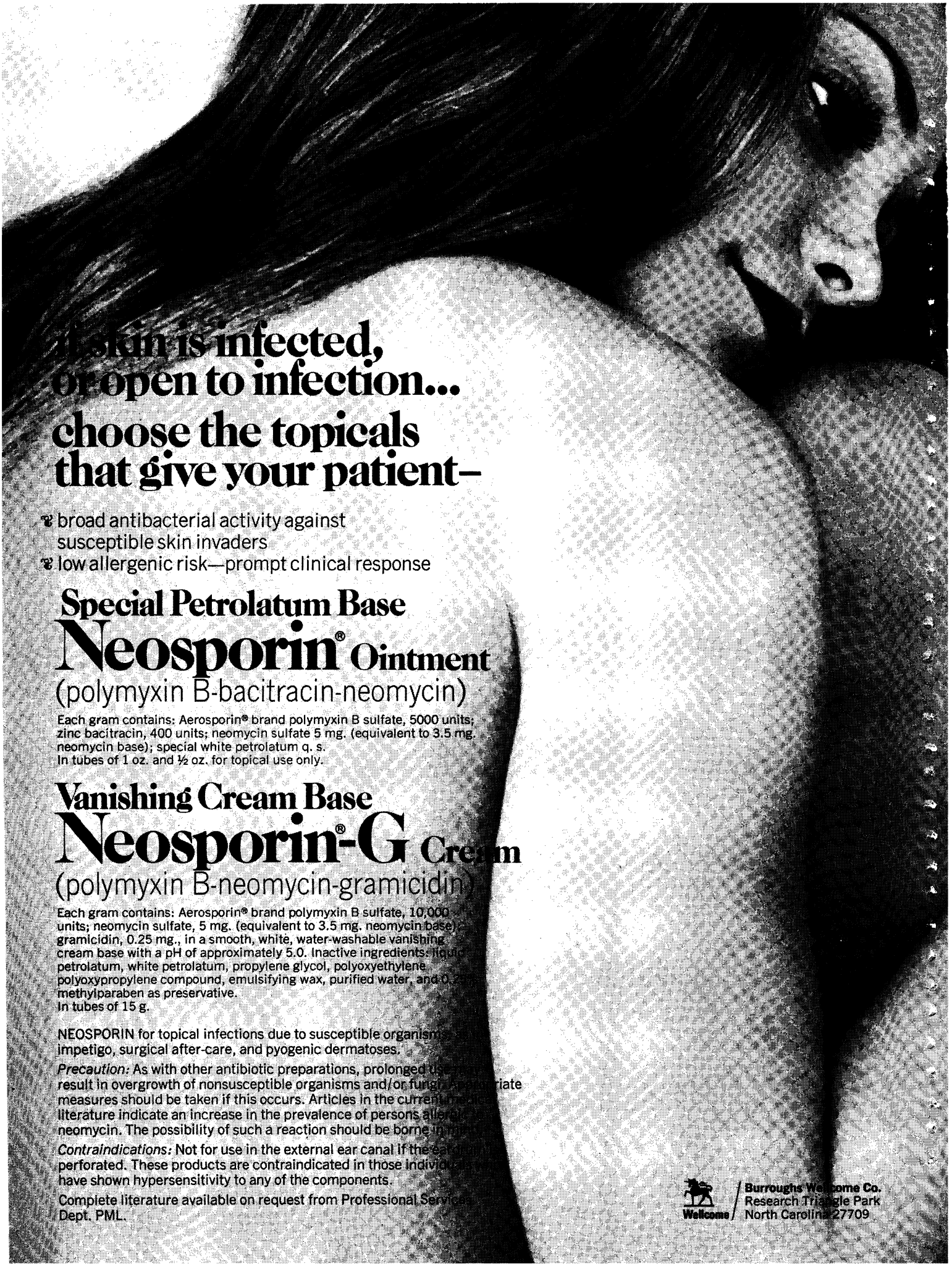
GP—GENERAL SURGEON-INTERNIST-ORTHOPOD ER PHYSICIAN (IN SAN DIEGO ONLY). EXCELLENT CAREER OPPORTUNITY. Any Southern California location, including San Diego County. Good starting salary and bonus arrangement with progressive fringe benefits. Call (213) 553-6660 or send curriculum c/o C. Slocumb, M.D., 1880 Century Park East, Suite 1500, Los Angeles, Calif. 90067.

CHIEF OF ORTHOPEDICS—Valley Medical Center of Fresno, 583-bed teaching hospital, 75 interns and residents, 35 fulltime staff members. Orthopedics is an active teaching service with interns and residents assigned from the General Surgery Rotation. Large outpatient service with many trauma cases. Salary negotiable. Contact Frederick M. Hebert, M.D., Director of Medical Education, Valley Medical Center, Fresno, Ca. 445 So. Cedar Ave., 93702, (209) 251-4833.

FOSTER CITY NEEDS DOCTORS!

San Mateo County's newest and fastest growing city has 15,000 population and no doctors. A new medical-dental building now under construction at Foster City's Marin Cove shopping center will soon be ready for occupancy—completion date, October, 1972. Building overlooks lagoon. Full services to tenants include air-conditioning, utilities and janitorial. Physicians are urged to write or phone today for details. BAY AREA REALTY, George Menzoian, 1500 Hillside Boulevard, Colma, Calif. 94014. 755-6596 Evenings: 345-5006

(Continued to page 35)



If skin is infected, or open to infection... choose the topicals that give your patient–

- broad antibacterial activity against susceptible skin invaders
- low allergenic risk—prompt clinical response

Special Petrolatum Base
Neosporin® Ointment
(polymyxin B-bacitracin-neomycin)

Each gram contains: Aerosporin® brand polymyxin B sulfate, 5000 units; zinc bacitracin, 400 units; neomycin sulfate 5 mg. (equivalent to 3.5 mg. neomycin base); special white petrolatum q. s.
In tubes of 1 oz. and ½ oz. for topical use only.

Vanishing Cream Base
Neosporin®-G Cream
(polymyxin B-neomycin-gramicidin)

Each gram contains: Aerosporin® brand polymyxin B sulfate, 10,000 units; neomycin sulfate, 5 mg. (equivalent to 3.5 mg. neomycin base); gramicidin, 0.25 mg., in a smooth, white, water-washable vanishing cream base with a pH of approximately 5.0. Inactive ingredients: liquid petrolatum, white petrolatum, propylene glycol, polyoxyethylene polyoxypropylene compound, emulsifying wax, purified water, and 0.2% methylparaben as preservative.
In tubes of 15 g.

NEOSPORIN for topical infections due to susceptible organisms in impetigo, surgical after-care, and pyogenic dermatoses.

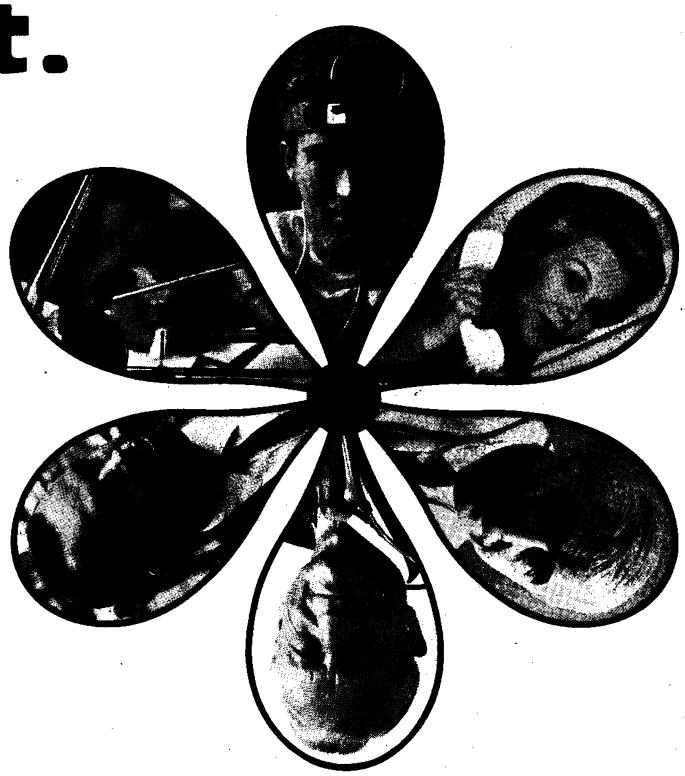
Precaution: As with other antibiotic preparations, prolonged use may result in overgrowth of nonsusceptible organisms and/or fungi. Appropriate measures should be taken if this occurs. Articles in the current medical literature indicate an increase in the prevalence of persons allergic to neomycin. The possibility of such a reaction should be borne in mind.

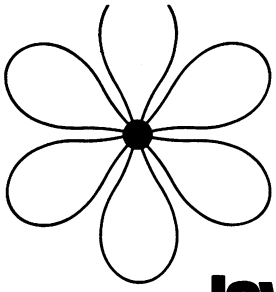
Contraindications: Not for use in the external ear canal if the eardrum is perforated. These products are contraindicated in those individuals who have shown hypersensitivity to any of the components.

Complete literature available on request from Professional Services Dept. PML.

Wellcome / Burroughs Wellcome Co.
Research Triangle Park
North Carolina 27709

how the new CMA special term life insurance program is designed for you — highest limits, lowest cost, ease of enrollment.





This new program offers term life insurance for all members of the California Medical Association who are under age 70 and engaged in active practice, research or public health. Special features of the program are:

low cost The buying power of the Association has been employed to provide you with quality coverage at low premiums – substantially lower than you could obtain on an individual basis, and competitive with any medical association plan anywhere.

high coverage limits Subject to evidence of insurability, you are able to purchase up to **one half million dollars** of insurance. This coverage has been designed to supplement existing private insurance and local society programs as well as to meet the initial insurance needs of the young physician.

ease of enrollment A liberal underwriting program has been adopted. The convenient short-form application at the right has been designed to save you time. *If 20% of Association members enroll, no evidence of insurability will be required for the first unit of your coverage.*

flexibility for estate planning This term insurance can be converted to permanent life insurance at any time up to age 70 without further evidence of insurability. Policies can be *transferred or owned* by your spouse or your children when appropriate to your tax planning. Beneficiaries can elect to have the proceeds paid in limited installments or life income in lieu of lump sum payments. This coverage can also be utilized for buy-and-sell agreements and similar business protection programs.

unique unit plan Coverage is provided in units: you may buy as few as one or as many as 10. Semi-annual premiums and coverage limits are scaled according to age as attained, illustrated below.

the basic unit An eligible member could apply for the following unit of insurance based on his age:

	Member's Attained Age	*Amount of Insurance*	*Semi-Annual Premium*
basic insurance unit	thru 34	$ 50,000	$ 50.00
	35 – 39	50,000	75.00
	40 – 44	50,000	112.50
	45 – 49	50,000	175.00
	50 – 54	40,000	210.00
	55 – 59	25,000	200.00
	60 – 64	15,000	180.00
	65 – 69	5,000	95.00

Member's attained age		Basic Unit	+	Maximum Additional	=	Maximum Available
0	49	$ 50,000	+	$ 450,000	=	$ 500,000
50	54	40,000	+	360,000	=	400,000
55	59	25,000	+	225,000	=	250,000
60	64	15,000	+	135,000	=	150,000
65	69	5,000	+	45,000	=	50,000

You may purchase up to nine additional units (*subject to application and medical evidence of insurability*) as illustrated by the chart at the left.

special application for CALIFORNIA MEDICAL ASSOCIATION term life insurance

SEND NO MONEY You will not be billed until your application has been processed and your policy issued. Your insurance becomes effective the first day of the month following acceptance of your application.

FOR COMPANY USE ONLY		
POLICY SERIES	MEMBER NO.	EFFECTIVE
WL 2400		

Please print

NAME *First Middle Surname* AGE *Mo. Day Year* DATE OF BIRTH

MAILING ADDRESS *Number and Street City State Zip* PLACE OF BIRTH

THIS APPLICATION IS FOR:

☐ (1) the basic unit of insurance only OR

☐ (2) the basic unit of insurance + No.____ additional units of insurance
(please indicate the total amount of insurance applied for: $____)

BENEFICIARY* *First Middle Surname Relationship*

(1) _____

(2) _____

(3) _____

*Attach a separate signed statement if you require a more complete designation.

Statement of Health

1. Present weight:_____ Height:____ *ft.* ____ *in.* 2. Male ☐ Female ☐
3. Have you had any ailment, injury, or disease within the last five years which has resulted in your being away from work one week or more? Yes ☐ No ☐
4. Have you been advised to have, or do you contemplate having, any hospitalization or surgical procedure within the next year? Yes ☐ No ☐
5. Have you ever been declined, rated or postponed for life insurance? Yes ☐ No ☐
6. To the best of your knowledge, do you have any physical impairment or disease? Yes ☐ No ☐
7. Have you ever had heart disease, elevated blood pressure, cancer (or any type of malignancy), diabetes, emphysema, stroke, nervous disorder or epilepsy? Yes ☐ No ☐

NOTE: If "Yes" on questions 3 through 7 above, please give details below:

QUESTION: _____

_____

_____

Name and address of personal physician: _____

_____

I hereby apply for the insurance noted above and I certify that the above information is true and complete to the best of my knowledge. I further authorize any doctor or hospital listed above to give Republic National Life Insurance Company, Dallas, Texas, any information they desire on the present or past health history on the above person and waive all provisions of law forbidding the disclosure of such information.

DATE _____ APPLICANT'S SIGNATURE _____

If owner is different than applicant:

DATE _____ OWNER'S SIGNATURE _____

OWNER'S ADDRESS _____

(NOTE: In all cases owner is responsible for premiums and will be billed directly.)

MAIL APPLICATION TO:
CMA INSURANCE DEPT., Marsh & McLennan, Inc., One Bush Street, San Francisco, Ca. 94104

NOTE: This explanation provides general information about the insurance available. The full contractual provisions are set forth in the policy that will be issued to you. You may cancel the coverage within 10 days after receipt of your policy: in such case the premium will be refunded in full.

This special life insurance program was developed under the direction of the California Medical Association Committee on Physicians' Group Insurance to provide quality, low-cost insurance on a convenient basis. No similar association program provides such high coverage limits at such low cost.

The underwriter is Republic National Life Insurance Co., a leader in this field. Coverage is guaranteed non-cancellable as long as the program is sponsored by the Association with participation maintained at a minimum level.

The program is administered by Marsh & McLennan, Inc., brokers and administrators for the Association. Marsh & McLennan maintains a separate insurance department that specializes in serving professional associations. It is staffed with personnel who are prepared to answer your questions in each of the offices listed below.

Marsh & McLennan
INCORPORATED

SAN FRANCISCO
ONE BUSH STREET 94104
415/981-1900

LOS ANGELES
3303 WILSHIRE BLVD. 90005
213/380-1600

SAN DIEGO
707 BROADWAY 92101
714/232-1023

BANK OF AMERICA'S COMPUTERS CAN NOW PREPARE MEDICAL INSURANCE FORMS AUTOMATICALLY– AND FOR LESS THAN ANY MANUAL SYSTEM.

HOW DO YOU FEEL NOW, DOCTOR?

Since about 95% of all patients now have some form of insurance the prognosis is favorable. Bank of America's Professional Billing Service with automated insurance form preparation is specifically indicated for doctors in individual or group practice. Advantages: reduces in-office paperwork, processes billing efficiently and economically, provides better cost control and cash flow. Availability: immediate. For complete information, mail coupon today.

Mail to Bank of America Business Services
1450 Mission Street, San Francisco, CA 94120 or
2140 West Olympic Blvd., Los Angeles, CA 90006

I feel I should know more about Bank of America's Professional Billing Service with automated insurance preparation.

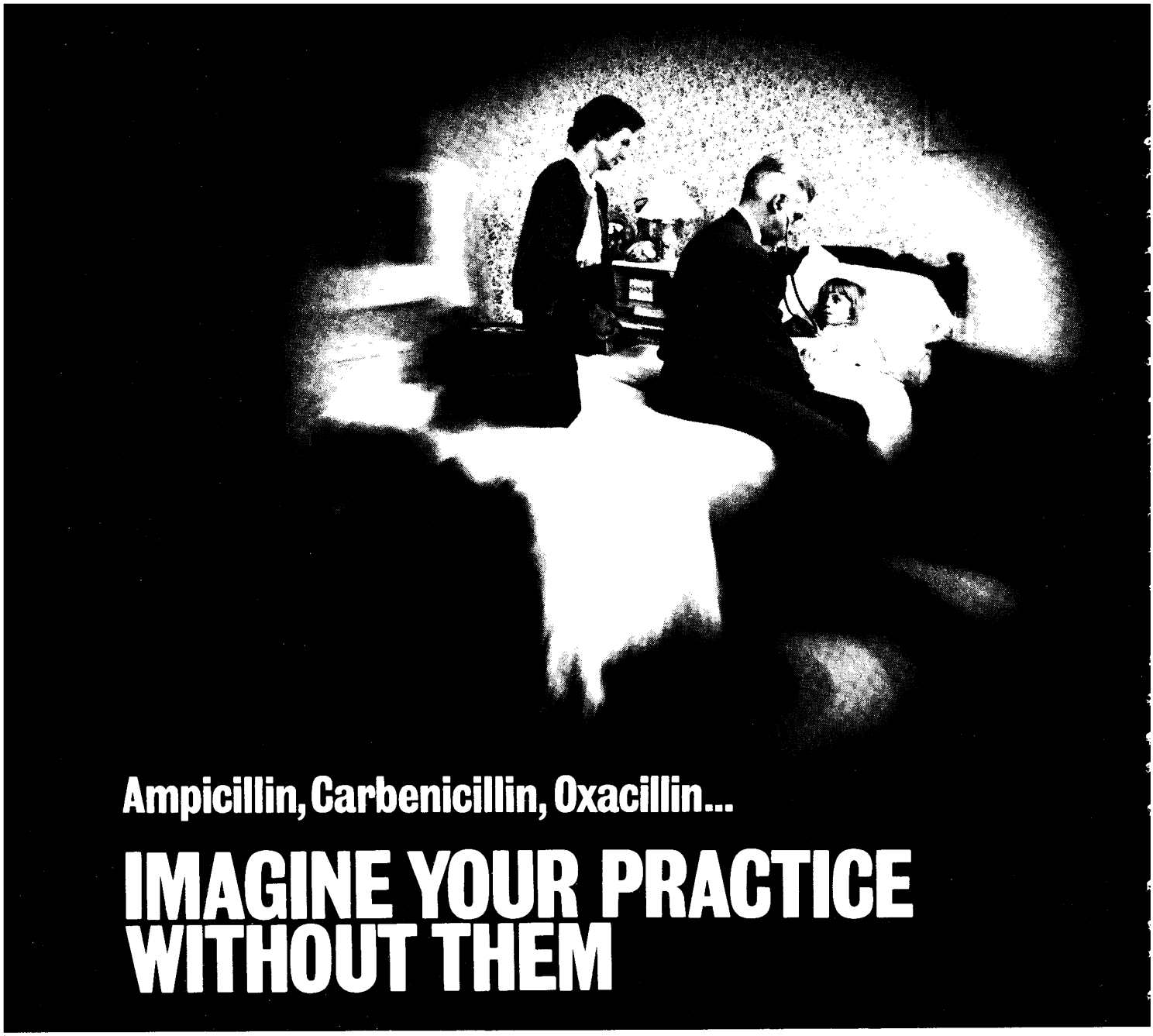
Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

BANK OF AMERICA
for the business of management

BANK OF AMERICA NT&SA



Ampicillin, Carbenicillin, Oxacillin...

IMAGINE YOUR PRACTICE WITHOUT THEM

In 1957 Beecham scientists discovered and isolated 6-APA, the penicillin nucleus that opened the way to a new generation of semi-synthetic penicillins. Over the past 14 years more than 3000 different semi-synthetic penicillins have been synthesized and evaluated by our staff. The fruits of their work are in your hands today. Others will be in your hands tomorrow.

Need we say more?

Prescribe the discoverer's brands:

Totacillin® (ampicillin trihydrate)
Pyopen® (disodium carbenicillin)
Bactocill® (sodium oxacillin)
and more to come

Beecham-Massengill Pharmaceuticals BMP
Div. of Beecham Inc. Bristol, Tennessee 37620

☐ Totacillin (ampicillin trihydrate) capsules equivalent to 250 mg. and 500 mg. ampicillin, for oral suspension equivalent to 125 mg./5 cc. and 250 mg./5 cc. ampicillin.
☐ Pyopen (disodium carbenicillin) vials for injection equivalent to 1 gm. and 5 gm. of carbenicillin.
☐ Bactocill (sodium oxacillin) capsules equivalent to 250 mg. and 500 mg. oxacillin and vials for injection equivalent to 500 mg. and 1 gm. oxacillin.

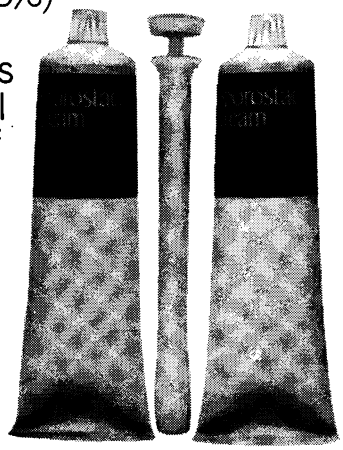
Who killed the wicked itch (and the infection) ?

snow white Sporostacin Cream

TRADEMARK

(chlordantoin 1% and benzalkonium chloride 0.05%)

After you write your prescription for two tubes of soothing, fungicidal Sporostacin Cream, tell your patient not to be fooled by the quick relief of symptoms it affords. Make sure she knows how to use it as directed—for the *full* 14-day course of therapy. Then, on follow-up, you'll usually find that non-staining, easy-to-use Sporostacin Cream has finished off vulvovaginal candidiasis in the nicest possible way.



two tubes...two weeks

Contraindications: None known. **Precautions:** Even though reported cases of sensitization and irritation are relatively rare, when noted the drug should be discontinued. **Dosage:** One applicatorful intravaginally twice daily for a period of 14 days. Course of therapy may be repeated if necessary.

Ortho Pharmaceutical Corporation·Raritan, New Jersey 08869

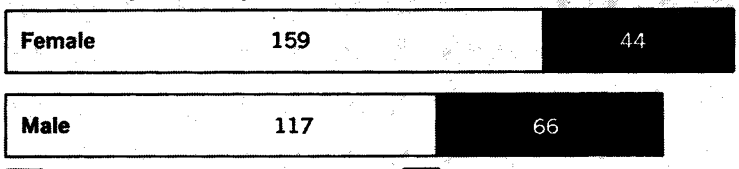
What it means to live and work in Tipton County, Tennessee

Persons who are white and over 40 have one chance in four of having solar keratoses... which may be premalignant

An epidemiologic study* conducted in Tipton County, Tennessee, revealed that 28.5% of white persons over 40 had solar keratoses; most had multiple lesions. Cluster sampling projected an estimated prevalence of 32.5% for white males and 19.5% for white females.

Though this is an unusually high percentage of affected persons, these lesions can occur in any white population, wherever people work or play out of doors.

Prevalence of solar keratoses in white persons over 40 in Tipton County, Tennessee



*Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey.

Solar, actinic, senile keratoses

Called by many names, the typical lesion is flat or slightly elevated, brownish or reddish in color, papular, dry, adherent, rough, sharply defined; usually multiple lesions, chiefly on exposed portions of the skin.

Sequence/selectivity of response

Erythema in areas of lesions may begin after several days of therapy; height of reaction (only in affected areas)* usually occurs within two weeks, declining after discontinuation of therapy. Since this response is so predictable, lesions that do not respond should be biopsied to rule out the presence of a frank neoplasm.

Cosmetic results

Cosmetic results are highly favorable. Incidence of scarring is low—important with multiple facial lesions. Efudex should be applied with care near the eyes, nose and mouth.

5% cream–a Roche exclusive

Only Roche formulates the 5% cream... high in patient acceptability... high in clinical efficacy, especially for lesions of hands and forearms... economical.

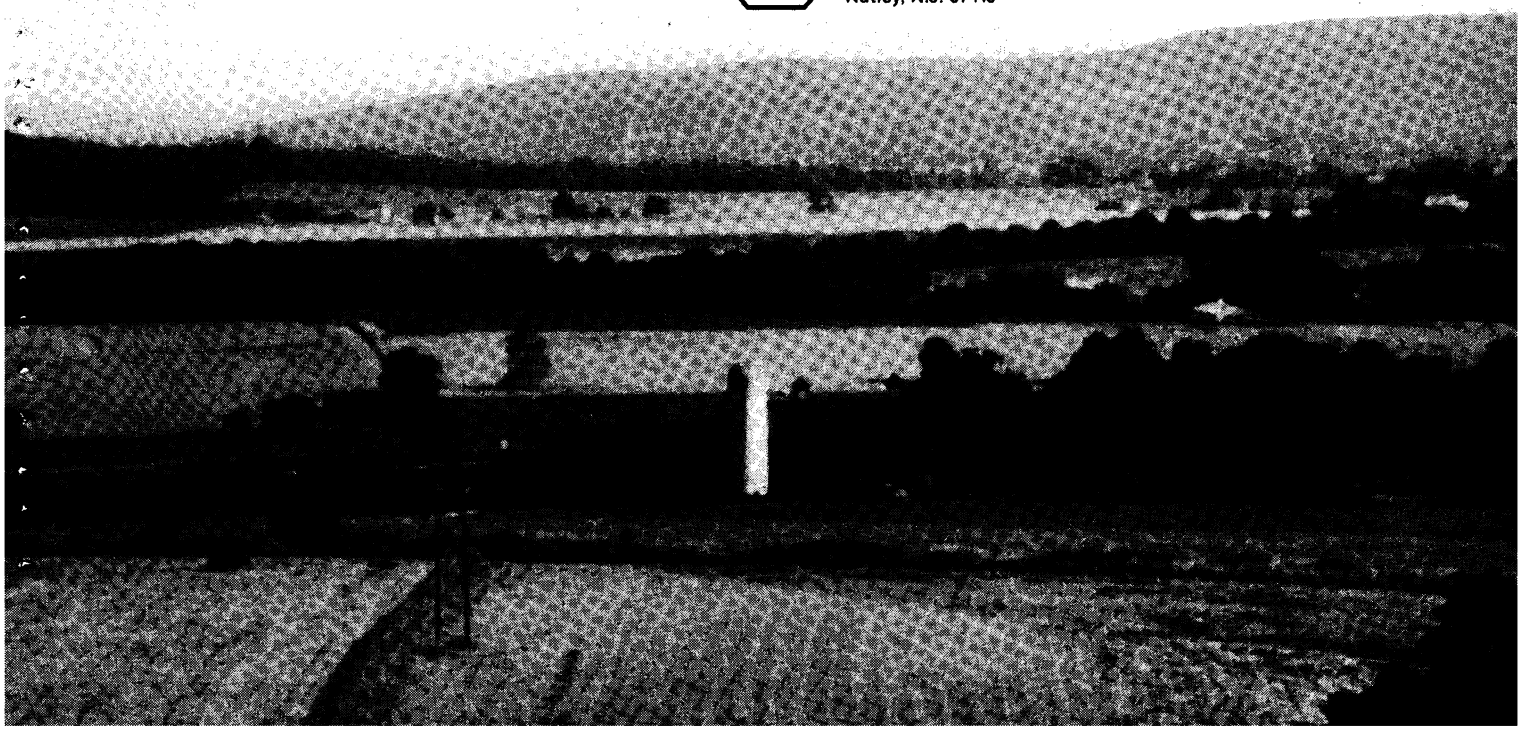
Before prescribing, please consult complete product information, a summary of which follows:
Indications: Multiple actinic or solar keratoses.
Contraindications: Patients with known hypersensitivity to any of its components.
Warnings: If occlusive dressing used, may increase inflammatory reactions in adjacent normal skin. Avoid prolonged exposure to ultraviolet rays. Safe use in pregnancy not established.
Precautions: If applied with fingers, wash hands immediately. Apply with care near eyes, nose and mouth. Lesions failing to respond or recurring should be biopsied.
Adverse Reactions: Local—pain, pruritus, hyperpigmentation and burning at application site most frequent; also dermatitis, scarring, soreness and tenderness. Also reported—insomnia, stomatitis, suppuration, scaling, swelling, irritability, medicinal taste, photosensitivity, lacrimation, leukocytosis, thrombocytopenia, toxic granulation and eosinophilia.
Dosage and Administration: Apply sufficient quantity to cover lesion twice daily with nonmetal applicator or suitable glove. Usual duration of therapy is 2 to 4 weeks.
How Supplied: Solution, 10-ml drop dispensers—containing 2% or 5% fluorouracil on a weight/weight basis, compounded with propylene glycol, tris(hydroxymethyl)aminomethane, hydroxypropyl cellulose, parabens (methyl and propyl) and disodium edetate.
Cream, 25-Gm tubes—containing 5% fluorouracil in a vanishing cream base consisting of white petrolatum, stearyl alcohol, propylene glycol, polysorbate 60 and parabens (methyl and propyl).

an alternative to conventional therapy

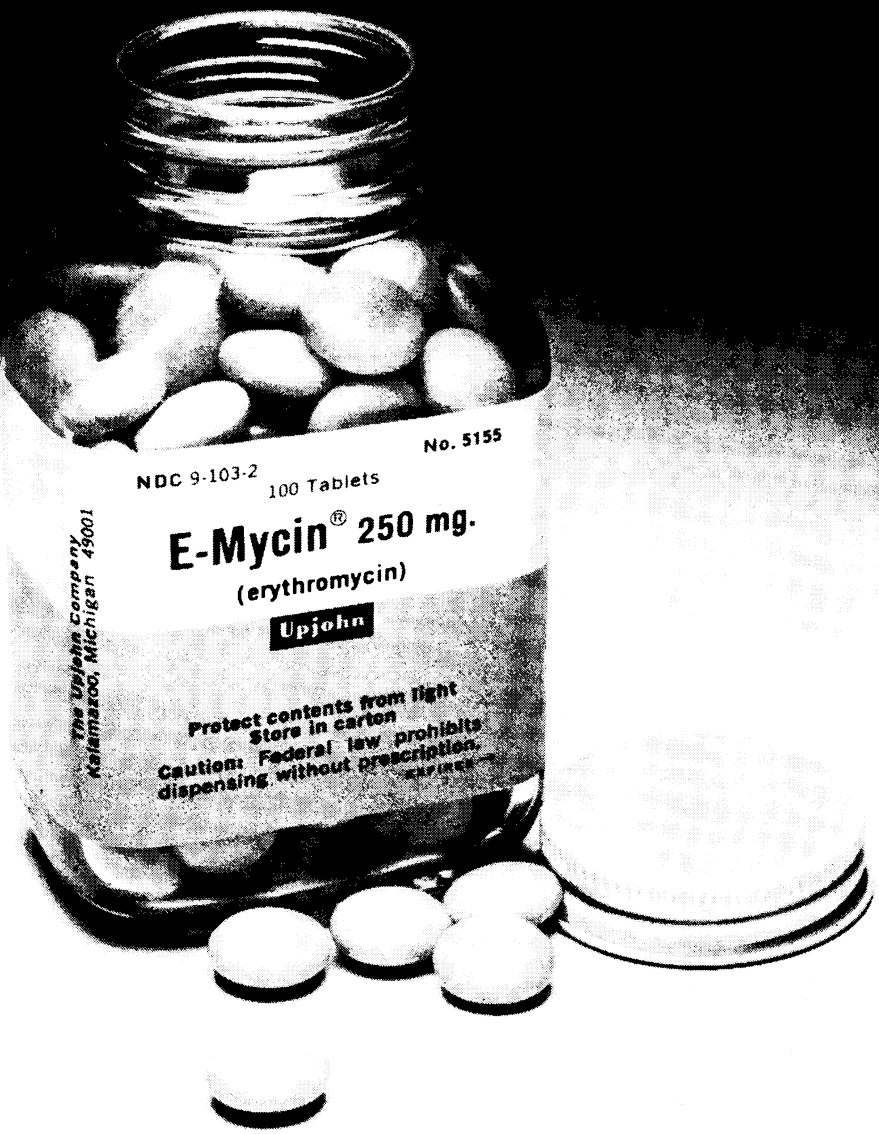
Efudex®
(fluorouracil)
cream/solution

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110



Upjohn's low-priced erythromycin

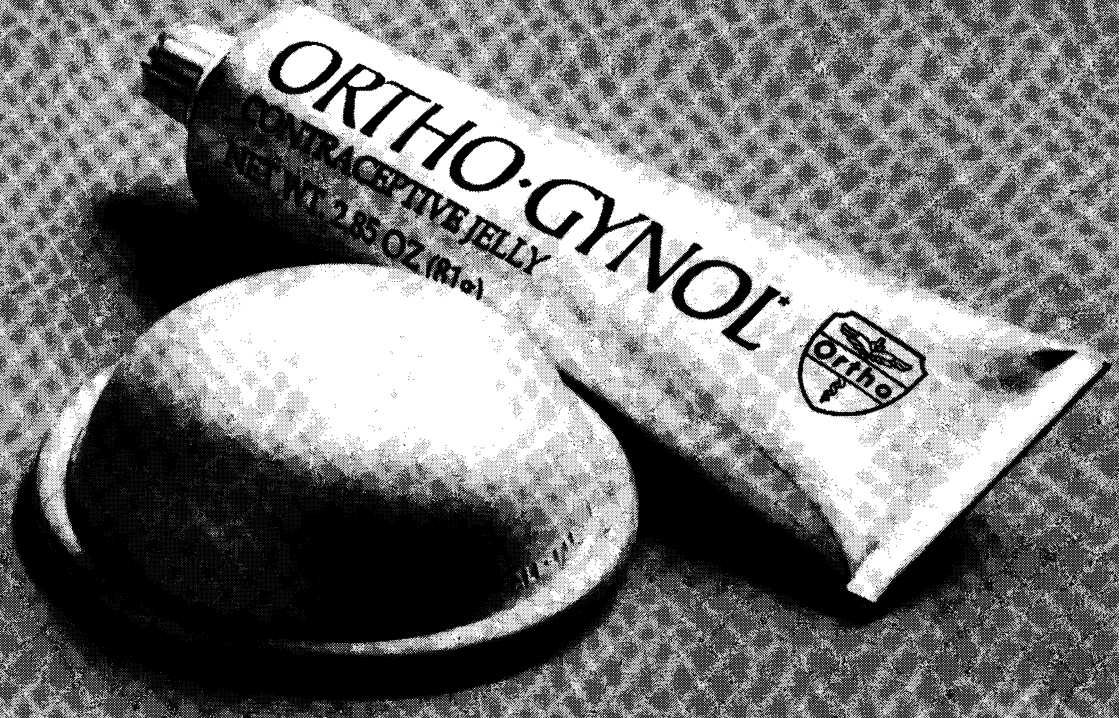


E-Mycin®

(erythromycin, Upjohn)

Available in 250 mg tablets

Upjohn The Upjohn Company, Kalamazoo, Michigan 49001



The combination contraceptive that is virtually without side effects

Together, ORTHO* Diaphragm and ORTHO-GYNOL* Contraceptive Jelly offer advantages that are worth considering:

1. high level of effectiveness
2. no problem with adverse reactions
3. control remains with the woman
4. virtually no loss of sensation
5. used only as needed

... and *no* other form of contraception offers *all* those advantages.

To these, Ortho adds convenience for the patient:
The Ortho Diaphragm Kit, which includes an Ortho Diaphragm (ALL-FLEX* Arcing Spring, Coil Spring, or Flat Spring), a tube of Ortho-Gynol Contraceptive Jelly, and an illustrated instruction book.

For the physician:
Professional fitting-ring set and fitting-procedure brochure available. See your Ortho Representative.

ORTHO PHARMACEUTICAL CORPORATION · RARITAN, NEW JERSEY 08869

Ortho

*TRADEMARK
©OPC 1972

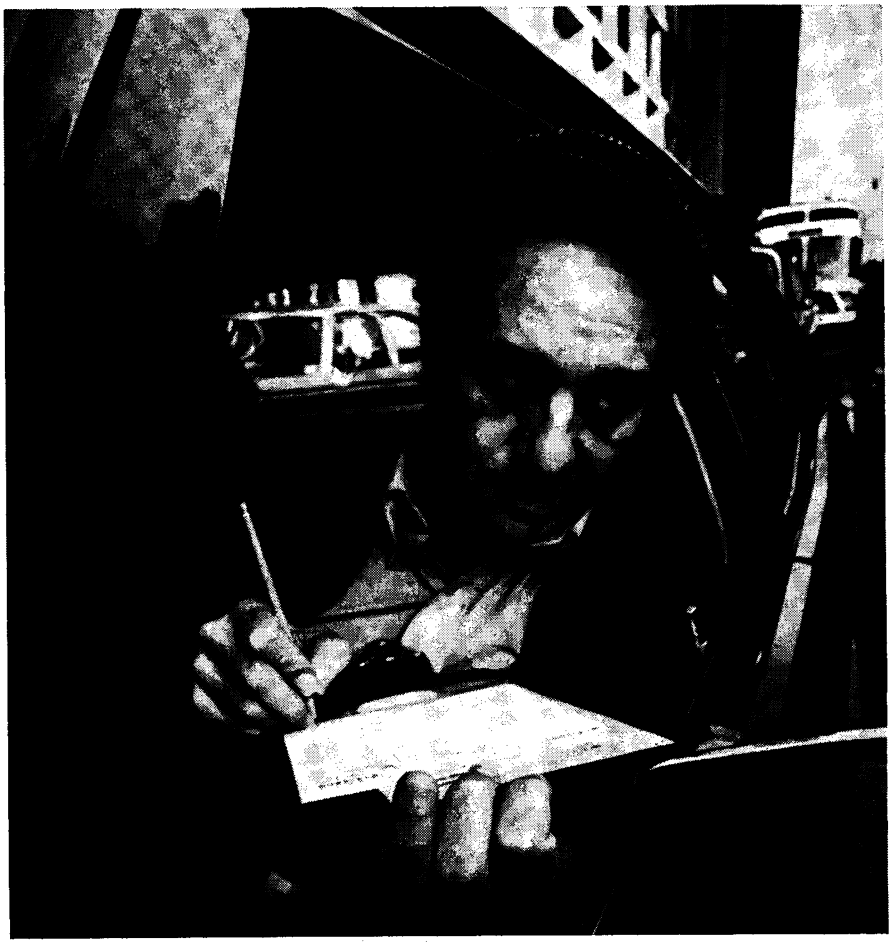
Hackie Hemorrhoids

Mr. H. C., 40, taxicab driver, married with four children. Complains of anorectal pain, itching and irritation. Works long hours often in extreme heat in non-air conditioned cab. Sweats a great deal. Sudden perianal swelling two days ago. Similar episode when he was 24 years old. Examination reveals large prolapsing edematous internal and external hemorrhoids.

a typical proctological patient

to help relieve the pain, itching, burning associated with this and similar anorectal conditions

prescribe



Anusol-HC® hemorrhoidal suppositories with hydrocortisone acetate

Each suppository contains hydrocortisone acetate 10 mg, bismuth subgallate 2.25%, bismuth resorcin compound 1.75%, benzyl benzoate 1.2%, Peruvian balsam 1.8%, zinc oxide 11.0%, and boric acid 5.0%, plus the following inactive ingredients: bismuth subiodide, calcium phosphate, and coloring in a bland hydrogenated vegetable oil base.

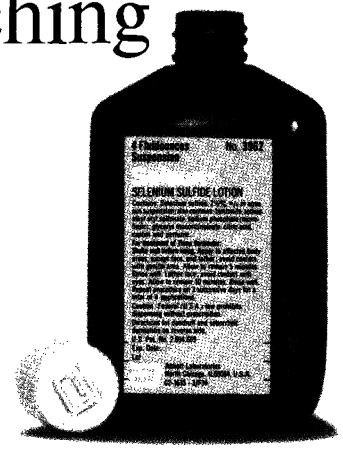
Precaution Prolonged or excessive use of Anusol-HC might produce systemic corticosteroid effects. Symptomatic relief should not delay definitive diagnosis or treatment.

Dosage and Administration Anusol-HC: One suppository in the morning and one at bedtime for 3 to 6 days or until the inflammation subsides. Regular Anusol: One suppository in the morning, one at bedtime, and one immediately following each evacuation.

And for long-term patient comfort...recommend Anusol® hemorrhoidal suppositories.
Each suppository contains the ingredients of Anusol-HC without the hydrocortisone.

Warner-Chilcott
Division, Warner-Lambert Company
Morris Plains, New Jersey 07950
ANGP-21 Rev.

When your diagnosis is seborrheic dermatitis of the scalp, the classic drug for controlling scaling and itching is Selsun®(SELENIUM SULFIDE LOTION)



Precautions and side effects: Keep out of the eyes, burning or irritation may result. Avoid application to inflamed scalp or open lesions. Occasional sensitization may occur. Rinse well.

Contains: Selenium sulfide, 2½%, w/v in aqueous suspension: also contains: bentonite, alkyl aryl sulfonate, sodium phosphate, glyceryl monoricinoleate, citric acid and perfume. ABBOTT

X-ray provided by Manhattan Eye, Ear and Throat Hospital

There are many frustrations in treating acute sinusitis. Cleocin manages most of the bacterial ones.

Inadequate drainage, chronic rhinitis, allergy, exposure to temperature extremes, and other factors can delay recovery from acute sinusitis.

It's helpful to have an antibiotic like Cleocin HCl (clindamycin HCl hydrate, Upjohn) that can take care of most of the gram-positive bacterial problems related to the disease.

As one study* of 52 outpatients showed, acute maxillary sinusitis was associated with staphylococci in 50% of the group, with pneumococci in 25%, and with streptococci and various other organisms (chiefly gram-negative) in the remainder. Significantly, one-half of these staphylococcal infections were resistant to both penicillin and tetracycline (all were sensitive to erythromycin and chloramphenicol). Although not a part of this study, many other clinical and bacteriologic reports[1] have shown that such gram-positive bacteria, which most often are associated with acute sinusitis, are usually susceptible to Cleocin.

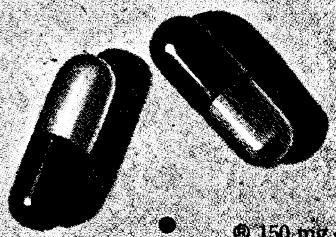
Can be taken before, with, or after meals

The total absorption of Cleocin is virtually unaffected by the presence of food in the GI tract.[1] Cleocin thus can be administered as prescribed without interfering with the patient's mealtimes.

Useful in patients hypersensitive to penicillin

Cleocin's chemical structure bears no relationship to penicillin or the cephalosporins. Cleocin therefore may be especially useful in patients with acute sinusitis who report a history of hypersensitivity to these antibiotics. Although hypersensitivity reactions have been uncommon with Cleocin, it should be used cautiously in atopic individuals. Cleocin is not recommended in the lincomycin-sensitive patient.

Please see following page for further prescribing information.



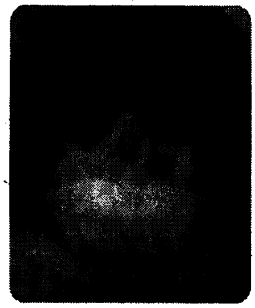
Cleocin HCl ® 150 mg capsules

clindamycin HCl hydrate, Upjohn

*Reynolds, R. C., et al.: Bull. Johns Hopkins Hosp. 114:269, 1964

1. Data on file, Medical Research Department, The Upjohn Company

Side effects: In studies of 1,416 patients involving 92 clinical investigators, side effects were reported in 8.2%.[1] Diarrhea or loose stools were noted in 3% of these cases (one patient with bloody stools). In a few instances, diarrhea lasted several days. A slightly higher incidence of diarrhea or loose stools has been reported by some investigators in subsequent studies.



Toxicity: No irreversible hematologic, renal, dermatologic, or neurologic abnormalities have been reported.[1] Transient leukopenia and eosinophilia have been observed. Elevations of alkaline phosphatase and serum transaminases were observed in a few instances. As with other antibiotics, periodic liver function tests and blood counts should be performed during prolonged therapy.

In acute sinusitis and other upper respiratory infections due to susceptible staphylococci, streptococci, and pneumococci.

Cleocin® HCl

clindamycin HCl hydrate, Upjohn

Each preparation contains:	Clindamycin HCl hydrate equivalent to clindamycin base
150 mg Capsules	150 mg
75 mg Capsules	75 mg

Cleocin (clindamycin, Upjohn) is a new semisynthetic antibiotic produced from the parent compound lincomycin and provides more *in vitro* potency, better oral absorption and fewer gastrointestinal side effects than the parent compound.

Cleocin HCl (clindamycin HCl hydrate) is indicated in infections of the upper and lower respiratory tract, skin and soft tissue, and, adjunctively, dental infections caused by gram-positive organisms which are susceptible to its action, particularly streptococci, pneumococci and staphylococci. As with all antibiotics, *in vitro* susceptibility studies should be performed.

CONTRAINDICATIONS: Patients previously found to be hypersensitive to this compound or to lincomycin.

WARNINGS: Safety for use in pregnancy not established. Not indicated in the newborn (infants below 30 days of age).

PRECAUTIONS: Prescribe with caution in atopic individuals. Perform periodic liver function tests and blood counts during prolonged therapy. The serum half-life in patients with markedly reduced renal function is approximately twice that in normal patients; hemodialysis and peritoneal dialysis do not effectively remove Cleocin from the blood. Therefore, with severe renal insufficiency, determine serum levels of clindamycin periodically and decrease the dose appropriately. Should overgrowth of nonsusceptible organisms—particularly yeasts—occur, take appropriate clinically indicated measures.

ADVERSE REACTIONS: Generally well tolerated in clinical efficacy studies. Side effects reported in 8.2% of 1,416 patients. Of the total, 6.9% reported gastrointestinal side effects and 1.3% reported other side effects. Diarrhea or loose stools were reported in 3%. *Gastrointestinal:* Symptoms included abdominal pain, nausea, vomiting and diarrhea or loose stools. In a few instances, diarrhea lasted for several days; one case of bloody stools was reported. *Hematopoietic:* Transient neutropenia (leukopenia) and eosinophilia have been reported; relationship to therapy is unknown. No irreversible hematologic toxicity has been reported. *Skin and Mucous Membranes:* Skin rash and urticaria have been reported infrequently. *Hypersensitivity Reactions:* A few cases of hypersensitivity reaction have been reported. If hypersensitivity occurs, discontinue drug and have available the usual agents (epinephrine, corticosteroids, antihistamines) for emergency treatment. *Liver:* Although no direct relationship of Cleocin HCl (clindamycin HCl hydrate) to liver dysfunction has been noted and significance of such change is unknown, transient abnormalities in liver function tests (elevations of alkaline phosphatase and serum transaminases) have been observed in a few instances. Also, abnormal liver function test values at the beginning of therapy have returned to normal during therapy.

DOSAGE AND ADMINISTRATION: *Adults:* Mild to moderately severe infections—150 to 300 mg every 6 hours. Severe infections—300 to 450 mg every 6 hours.

***Children:* Mild to moderately severe infections—8 to 16 mg/kg/day (4 to 8 mg/lb/day) divided into three or four equal doses. Severe infections—16 to 20 mg/kg/day (8 to 10 mg/lb/day) divided into three or four equal doses.**

***Note:* With β-hemolytic streptococcal infections, treatment should continue for at least 10 days to diminish the likelihood of subsequent rheumatic fever or glomerulonephritis.**

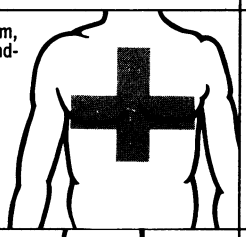
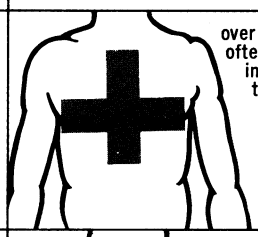
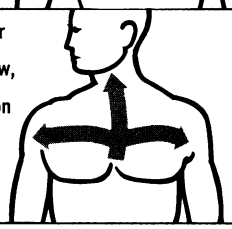
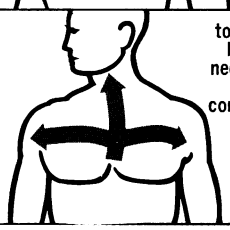
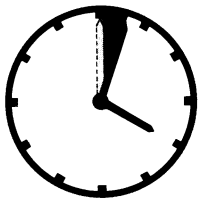
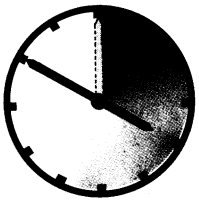
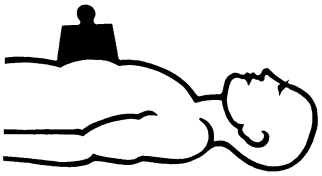
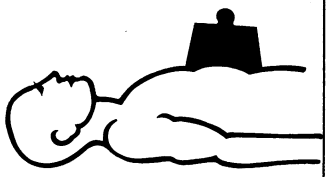
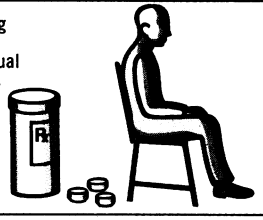
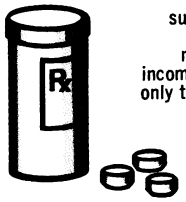
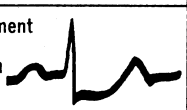
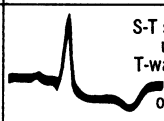
SUPPLIED: *150 mg Capsules*—Bottles of 16's and 100's. *75 mg Capsules*—Bottles of 16's and 100's. *Sensitivity Disks*—2 µg. *Sensitivity Powder*—Vials.

For additional product information, see your Upjohn representative or consult package insert. MED B-4-S (LNU-3) JA71-1565

The Upjohn Company, Kalamazoo, Michigan 49001 **Upjohn**

STABLE ANGINA OR PRE-INFARCTION ANGINA?

DIFFERENTIAL DIAGNOSIS OF STABLE ANGINA PECTORIS AND PRE-INFARCTION ANGINA

STABLE ANGINA PECTORIS	PARAMETERS	PRE-INFARCTION ANGINA
over sternum, often spreading across the chest 	LOCATION OF PAIN	over sternum, often spreading across the chest 
to either or both arms, neck, or jaw, or any combination thereof 	RADIATION OF PAIN	to either or both arms, neck, or jaw, or any combination thereof 
usually subsides within 1 to 5 minutes 	DURATION OF PAIN	lasts more than 5 minutes 
dull or heavy discomfort 	CHARACTER OF PAIN	similar but more intense 
usually none	ASSOCIATED SYMPTOMS	sweating and weakness in most patients 
exertion, emotion, eating, cold weather, lying down 	PRECIPITATING FACTORS	often none
stopping effort, sublingual nitrates 	FACTORS GIVING RELIEF	sublingual nitrates may give incomplete or only transient relief 
transient S-T segment depression, disappearing with relief of pain 	ELECTRO-CARDIOGRAM	S-T segment depression, usually long lasting; T-wave inversions often appear and persist; occasionally the ECG may be normal 

WHEN THE DIAGNOSIS IS STABLE ANGINA PECTORIS*...

- provide prophylaxis against anginal attacks often caused by unavoidable everyday stress
- reduce the severity and frequency of the anginal episode

ISORDIL®
(ISOSORBIDE DINITRATE)

SCORED, ORAL TABLETS: 5 mg. and 10 mg.

***Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indication as follows: "Possibly" effective: When taken by the oral route, Isordil is indicated for the relief of angina pectoris (pain of coronary artery disease). It is not intended to abort the acute anginal episode, but is widely regarded as useful in the prophylactic treatment of angina pectoris. Final classification of the less-than-effective indications requires further investigation.

Contraindication: Idiosyncrasy to this drug.

Warnings: Data supporting the use of nitrites during the early days of the acute phase of myocardial infarction (the period during which clinical and laboratory findings are unstable) are insufficient to establish safety.

Precautions: Tolerance to this drug and cross-tolerance to other nitrites and nitrates may occur.

Adverse Reactions: Cutaneous vasodilation with flushing. Headache is common and may be severe and persistent. Transient episodes of dizziness and weakness as well as other signs of cerebral ischemia associated with postural hypotension may occasionally develop. This drug can act as a physiological antagonist to norepinephrine, acetylcholine, histamine, and many other agents. An occasional individual exhibits marked sensitivity to the hypotensive effects of nitrite, and severe responses (nausea, vomiting, weakness, restlessness, pallor, perspiration and collapse) can occur even with the usual therapeutic dose. Alcohol may enhance this effect. Drug rash and/or exfoliative dermatitis may occasionally occur.

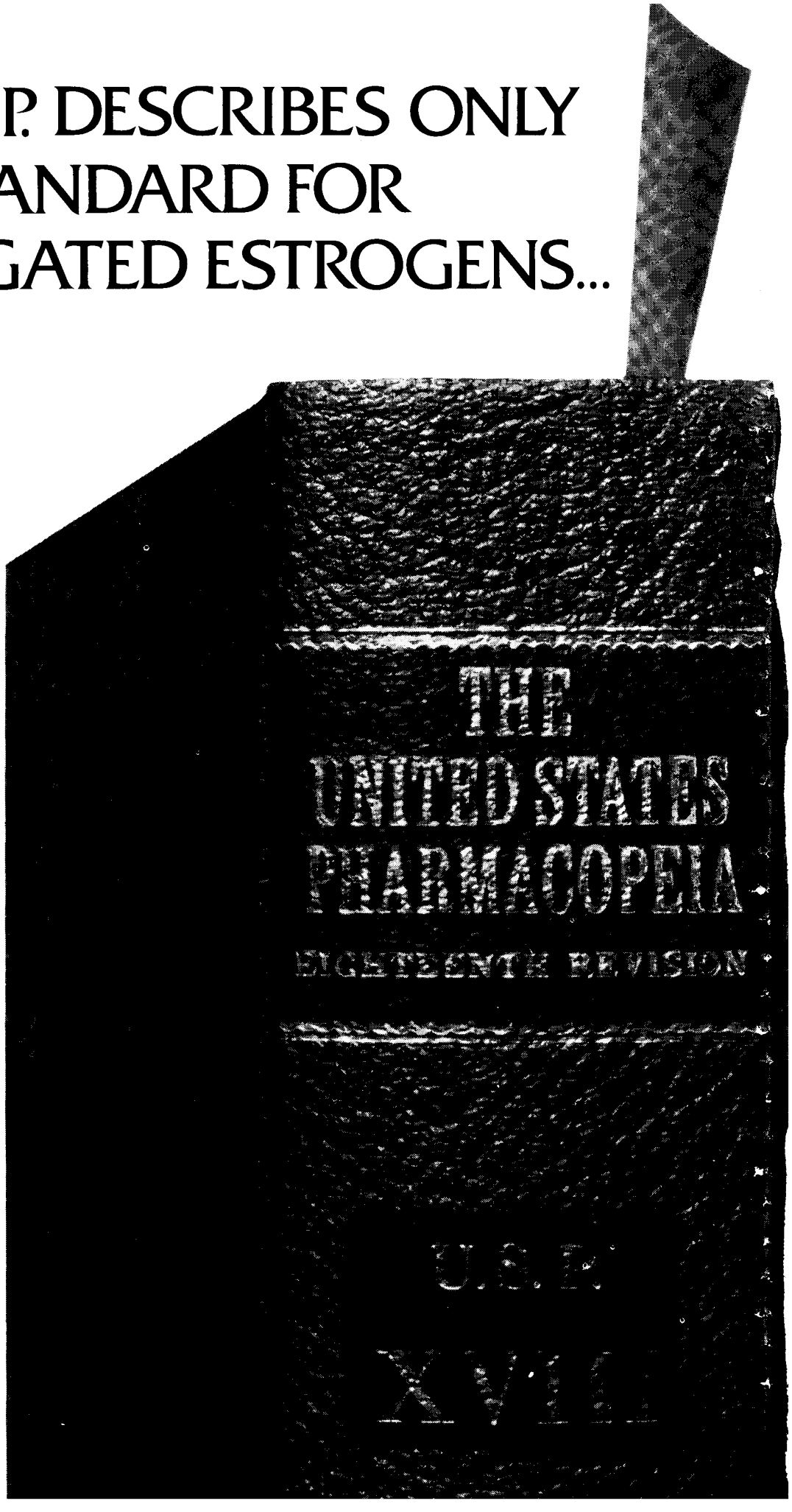
Consult direction circular before prescribing.

May we send you reprints, detailed information and/or professional samples?

IVES LABORATORIES INC.
New York, N.Y. 10017

DEDICATED TO IMPROVING THE QUALITY OF LIFE, THROUGH MEDICINE

THE U.S.P. DESCRIBES ONLY ONE STANDARD FOR CONJUGATED ESTROGENS...



...THE PREMARIN® STANDARD
(CONJUGATED ESTROGENS TABLETS, U.S.P.)

In the latest edition of the United States Pharmacopeia—*an "official compendium" of drug potency, quality, and purity*—there is now a clear distinction made between conjugated estrogens and other estrogens. And of the leading estrogen preparations available today, PREMARIN is the only one whose composition meets all of the U.S.P. specifications for conjugated estrogens.

We're of course gratified that the United States Pharmacopeia has included conjugated estrogens in the U.S.P. XVIII, and that PREMARIN meets the U.S.P. standard for conjugated estrogens. But, above and beyond meeting all of the U.S.P. specifications, PREMARIN continues to be manufactured with natural estrogens exclusively and contains no synthetic supplement.

For more than 28 years it has been manufactured under the strictest quality control to assure consistency in product potency, activity and stability. For more than 28 years it has been the research standard in its field. For more than 28 years it has been the most widely prescribed agent of its kind.

PREMARIN. Assurance of quality for you and your patients.

BRIEF SUMMARY
(For full prescribing information, see package circular.)
PREMARIN® (Conjugated Estrogens Tablets, U.S.P.)
Indications: PREMARIN provides specific replacement therapy in the management of estrogen deficiency states, notably in the menopause and postmenopause.
Precautions: *In the female:* To avoid continuous stimulation of breast and uterus, cyclic therapy is recommended (3 week regimen with 1 week rest period—Withdrawal bleeding may occur during this 1 week rest period).

Failure to control breakthrough bleeding or unexpected recurrence is an indication for curettage.

In the male: Continuous therapy over prolonged periods of time may produce gynecomastia, loss of libido, and testicular atrophy.
Dosage and Administration: Cyclic administration is recommended (3 weeks of daily estrogen therapy and 1 week off).

If patient has not menstruated within last two months or more, cyclic administration is started arbitrarily. If patient is menstruating, cyclic administration is started on day 5 of bleeding.

If breakthrough bleeding occurs (bleeding or spotting during estrogen therapy), increase estrogen dosage as needed to stop bleeding. In the following cycle, the dosage level which was employed for hemostasis should be used for daily administration. In subsequent cycles, the estrogen dosage is gradually reduced to the lowest level which will maintain the patient symptom-free. (See Precautions.)

Menopause (natural or artificial)—PREMARIN 1.25 mg. daily, cyclically. Adjust dosage upward or downward according to severity of symptoms and response of the patient. For maintenance, adjust dosage to lowest level that will provide effective control. Many clinicians favor continuing cyclic estrogen replacement therapy throughout the postmenopause as a protective influence against accelerated degenerative changes at the cellular level.

Postmenopause—(If uterus is intact the patient is considered postmenopausal from one year after cessation of menstruation to end of life span.) If the presenting symptoms are those of the menopause, see above for dosage. As a protective measure against premature degenerative changes in bone and cellular metabolism (*e.g.* atrophic vaginitis, osteoporosis), give PREMARIN daily and cyclically. Adjust dosage to lowest effective but subbleeding level.

Estrogen Deficient Atrophic Vaginitis, Kraurosis Vulvae, and Pruritus Vulvae—1.25 mg. to 3.75 mg. daily, or more, cyclically—depending on the tissue response of the individual patient.
How Supplied: PREMARIN (Conjugated Estrogens Tablets, U.S.P.). No. 865—Each *purple* tablet contains 2.5 mg. No. 866—Each *yellow* tablet contains 1.25 mg. No. 867—Each *red* tablet contains 0.625 mg. No. 868—Each *green* tablet contains 0.3 mg.

Bottles of 100 and 1,000. The 1.25 mg. potency also available in unit dose package of 100.

AYERST LABORATORIES
New York, N.Y. 10017
Ayerst.

7149

PREMARIN® (Conjugated Estrogens Tablets, U.S.P.) continues as the standard for conjugated estrogen therapy

One of the familiar line of Cordran® flurandrenolide products

Additional information available to the profession on request.

200469

Lilly

Eli Lilly and Company
Indianapolis, Indiana 46206

DYAZIDE®

Trademark

Each capsule contains 50 mg. of Dyrenium® (brand of triamterene) and 25 mg. of hydrochlorothiazide.

CAN STOP POTASSIUM DEPLETION BEFORE IT STARTS

WITH NO SACRIFICE OF THIAZIDE EFFECTIVENESS

Before prescribing, see complete prescribing information in SK&F literature or *PDR*.

***Indications:** Edema associated with congestive heart failure, cirrhosis of the liver, the nephrotic syndrome; steroid-induced and idiopathic edema; edema resistant to other diuretic therapy. Also, mild to moderate hypertension.

Contraindications: Pre-existing elevated serum potassium. Hypersensitivity to either component. Continued use in progressive renal or hepatic dysfunction or developing hyperkalemia.

Warnings: Do not use dietary potassium supplements or potassium salts unless hypokalemia develops or dietary potassium intake is markedly impaired. Enteric-coated potassium salts may cause small bowel stenosis with or without ulceration. Hyperkalemia (>5.4 mEq/L) has been reported in 4% of patients under 60 years, in 12% of patients over 60 years, and in less than 8% of patients overall. Rarely, cases have been associated with cardiac irregularities. Accordingly, **check serum potassium during therapy, particularly in patients with suspected or confirmed renal insufficiency (e.g., elderly or diabetics). If hyperkalemia develops, substitute a thiazide alone. If spironolactone is used concomitantly with 'Dyazide', check serum potassium frequently**—both can cause potassium retention and sometimes hyperkalemia. Two deaths have been reported in patients on such combined therapy (in one, recommended dosage was exceeded; in the other, serum electrolytes were not properly monitored). Observe patients on 'Dyazide' regularly for possible blood dyscrasias, liver damage or other idiosyncratic reactions. Blood dyscrasias have been reported in patients receiving Dyrenium (triamterene, SK&F). Rarely, leukopenia, thrombocytopenia, agranulocytosis, and aplastic anemia have been reported with the thiazides. Watch for signs of impending coma in acutely ill cirrhotics. Thiazides are reported to cross the placental barrier and appear in breast milk. This may result in fetal or neonatal hyperbilirubinemia, thrombocytopenia, altered carbohydrate metabolism and possibly other adverse reactions that have occurred in the adult. When used during pregnancy or in women who might bear children, weigh potential benefits against possible hazards to fetus.

Precautions: Do periodic serum electrolyte and BUN determinations. Do periodic hematologic studies in cirrhotics with splenomegaly. Antihypertensive effects may be enhanced in postsympathectomy patients. The following may occur: hyperuricemia and gout, reversible nitrogen retention, decreasing alkali reserve with possible metabolic acidosis, hyperglycemia and glycosuria (diabetic insulin requirements may be altered), digitalis intoxication (in hypokalemia). Use cautiously in surgical patients. Concomitant use with antihypertensive agents may result in an additive hypotensive effect.

Adverse Reactions: Muscle cramps, weakness, dizziness, headache, dry mouth; anaphylaxis; rash, urticaria, photosensitivity, purpura, other dermatological conditions; nausea and vomiting (may indicate electrolyte imbalance), diarrhea, constipation, other gastrointestinal disturbances. Rarely, necrotizing vasculitis, paresthesias, icterus, pancreatitis, and xanthopsia have occurred with thiazides alone.

Supplied: Bottles of 100 capsules.

SK&F CO.
Carolina, P.R. 00630
a subsidiary of Smith Kline & French Laboratories

IN EDEMA*—IN HYPERTENSION*

When irritable colon feels like this

...in the presence of spasm or hypermotility, gas distension and discomfort, **KINESED®** provides more complete relief:

- ☐ **belladonna alkaloids—for the hyperactive bowel**
- ☐ **simethicone—for accompanying distension and pain due to gas**
- ☐ **phenobarbital—for associated anxiety and tension**

Composition: Each chewable, fruit-flavored, scored tablet contains: 16 mg. phenobarbital (warning: may be habit-forming); 0.1 mg. hyoscyamine sulfate; 0.02 mg. atropine sulfate; 0.007 mg. scopolamine hydrobromide; 40 mg. simethicone.
Contraindications: Hypersensitivity to barbiturates or belladonna alkaloids, glaucoma, advanced renal or hepatic disease.
Precautions: Administer with caution to patients with incipient glaucoma, bladder neck obstruction or urinary bladder atony. Prolonged use of barbiturates may be habit-forming.
Side effects: Blurred vision, dry mouth, dysuria, and other atropine-like side effects may occur at high doses, but are only rarely noted at recommended dosages.
Dosage: Adults: One or two tablets three or four times daily. Dosage can be adjusted depending on diagnosis and severity of symptoms. Children 2 to 12 years: One half or one tablet three or four times daily. Tablets may be chewed or swallowed with liquids.

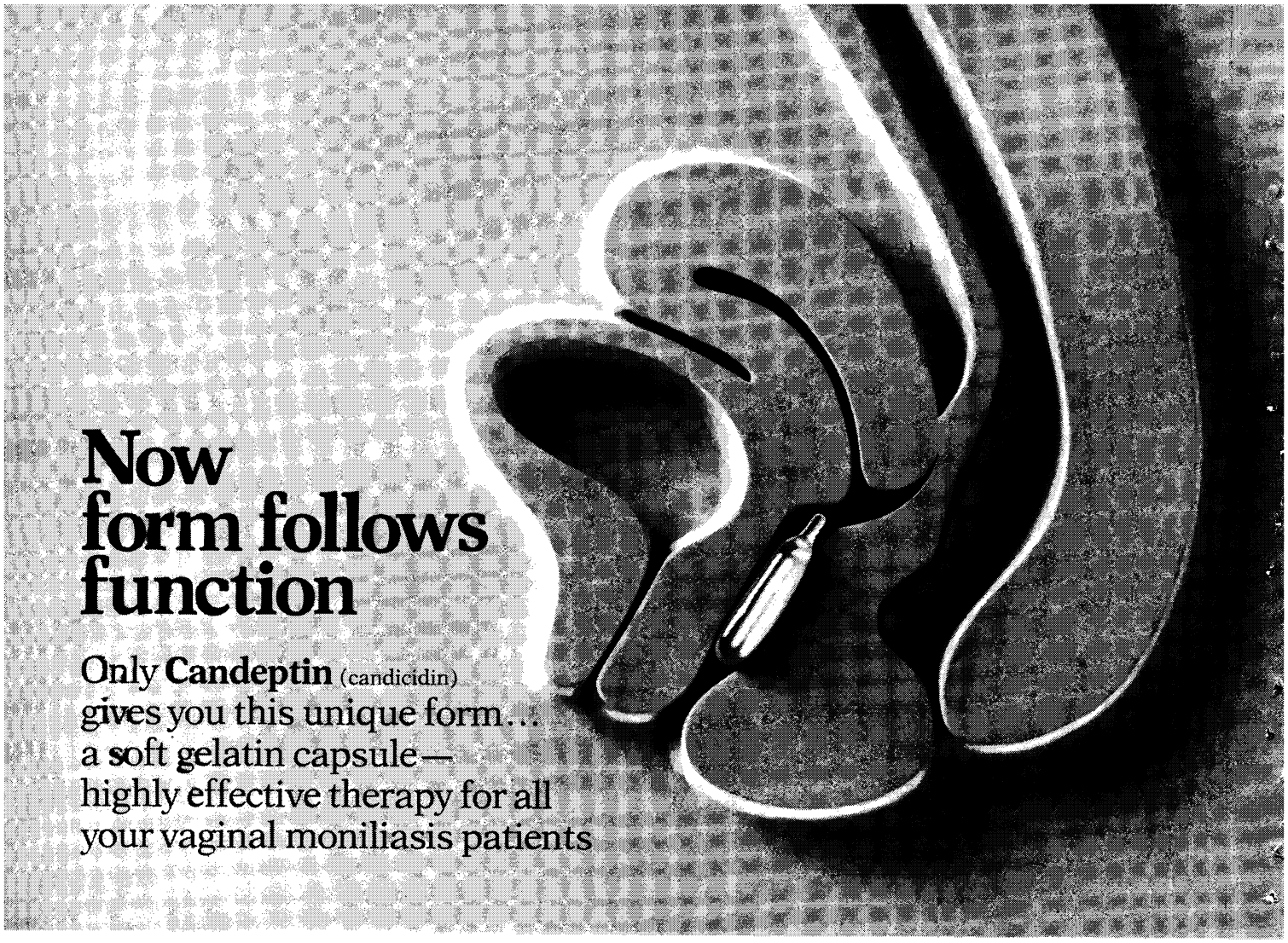
STUART PHARMACEUTICALS | Pasadena, California 91109 | Division of ATLAS CHEMICAL INDUSTRIES, INC.

(from the Greek **kinetikos,**
to move,
and the Latin **sedatus,**
to calm)

KINESED®

antispasmodic/sedative/antiflatulent

Spring peeper (tree frog, *Hyla crucifer*):
this small amphibian can expand
its throat membrane with air until it is
twice the size of its head.



Now form follows function

Only **Candeptin** (candicidin) gives you this unique form... a soft gelatin capsule— highly effective therapy for all your vaginal moniliasis patients

CANDEPTIN® (candicidin) VAGELETTES™ Vaginal Capsules...a unique dosage form... anatomically and therapeutically designed to extend flexibility in the treatment of vaginal moniliasis.

Virtually unlimited application

CANDEPTIN VAGELETTES Vaginal Capsules provide the specific high potency antimonilial agent, candicidin, in a soft gelatin capsule—the shape designed with your patient in mind. It permits easy manual insertion without the need for an applicator or inserter...of particular value for the pregnant patient...for *intravaginal use.* By cutting off the tip of the narrow soft end, the contents can be extruded through an intact hymen for *intravaginal use.* And it is readily adaptable to *topical application* for labial involvement, and/or *intravaginal use* to treat mucosal infection.

CANDEPTIN (candicidin) provides:

Rapid results

Prompt, symptomatic relief—itching, burning, and discharge subside in 48-72 hours!
Soothing, miscible ointment permits complete contact with affected tissue.
Usually cures in a single 14-day course of therapy.[2,3,4]

Safe

Exact dosage assured.[2,3]
No side effects, clinical reports of irritation or sensitization extremely rare.

Convenience

Easy to use intravaginally and/or topically for labial involvement.
Encourages patient acceptance and cooperation.
Therapy is easy to start in your office.

Clinical proof of potency

CANDEPTIN (candicidin) is significantly more potent *in vitro* than nystatin.[5] CANDEPTIN Vaginal Ointment and Tablets have a clinical record of cure rates of 90% and more in pregnant and non-pregnant patients.[1,4,6] In recent studies on CANDEPTIN VAGELETTES Vaginal Capsules, involving both gravid and non-gravid patients, a 100% culture-confirmed cure rate was achieved with a single 14-day course of therapy.[2,3]

Unique CANDEPTIN® (candicidin) VAGELETTES™ Vaginal Capsules

Description: CANDEPTIN (candicidin) Vaginal Ointment contains a dispersion of candicidin powder equivalent to 0.6 mg. per gm. or 0.06% Candicidin activity in U.S.P. petrolatum. 3 mg. of Candicidin is contained in 5 gm. of ointment or one applicatorful. CANDEPTIN Vaginal Tablets contain Candicidin powder equivalent to 3 mg. (0.3%) Candicidin activity dispersed in starch, lactose and magnesium stearate. CANDEPTIN VAGELETTES Vaginal Capsules contain 3 mg. of Candicidin activity dispersed in 5 gm. U.S.P. petrolatum.
Action: CANDEPTIN Vaginal Ointment, Vaginal Tablets, and VAGELETTES Vaginal Capsules possess anti-monilial activity.
Indications: Vaginitis due to Candida albicans and other Candida species.
Contraindications: Contraindicated for patients known to be sensitive to any of its components. During pregnancy manual Tablet or VAGELETTES Capsule insertion may be preferred since the use of the ointment applicator or tablet inserter may be contraindicated.
Caution: During treatment it is recommended that the patient refrain from sexual intercourse or the husband wear a condom to avoid re-infection.
Adverse Reaction: Clinical reports of sensitization or temporary irritation with CANDEPTIN Vaginal Ointment, Vaginal Tablets or VAGELETTES Vaginal Capsules have been extremely rare.
Dosage: One vaginal applicatorful of CANDEPTIN Ointment or one Vaginal Tablet or one VAGELETTES Vaginal Capsule is inserted high in the vagina twice a day, in the morning and at bedtime, for 14 days. Treatment may be repeated if symptoms persist or reappear.
Available Dosage Forms: CANDEPTIN Vaginal Ointment is supplied in 75 gm. tubes with applicator (14-day regimen requires 2 tubes). CANDEPTIN Vaginal Tablets are packaged in boxes of 28, in foil with inserter—enough for a full course of treatment. CANDEPTIN VAGELETTES Vaginal Capsules are packaged in boxes of 14 (14-day regimen requires 2 boxes.)

Store under refrigeration to insure full potency.

Federal law prohibits dispensing without prescription.

References: **1.** Olsen, J.R.: Journal-Lancet *85*:287 (July) 1965. **2.** Giorlando, S.W.: Ob/Gyn Dig. *13*:32 (Sept.) 1971. **3.** Decker, A.: Case Reports on File, Medical Department, Julius Schmid. **4.** Giorlando, S.W., Torres, J.F., and Muscillo, G.: Am. J. Obst. & Gynec. *90*: 370 (Oct. 1) 1964. **5.** Lechevalier, H.: Antibiotics Annual 1959-1960. New York, Antibiotica Inc., 1960. pp. 614-618. **6.** Friedel, H.J.: Maryland M.J., *15*:36 (Feb.) 1966.

Julius Schmid Pharmaceuticals
423 West 55th Street
New York, New York 10019

CANDEPTIN® (candicidin) Vaginal Tablets Vaginal Ointment and VAGELETTES™ Vaginal Capsules

To tell you the truth, I've lost the urge.

Lack of exercise, insufficient fluid intake, diet deficient in bulk, and certain medications can all contribute to constipation in the aging. Gradually the normal defecation "urge" is lost. And help is needed to restore the normal bowel function.

FLEET ENEMA works quickly – usually within 2 to 5 minutes. Unlike oral laxatives, which can take up to 24 hours. And oral laxatives may actually irritate the intestinal tract or retard digestion and further inhibit regularity.

FLEET ENEMA is gentle, too. Works without the burning often experienced with suppositories. Without the discomfort of soapsuds enemas.

FLEET ENEMA induces a physiological pattern of evacuation in the left colon and the rectum. Where it's needed. Helpful especially for the geriatric patient with poor intestinal tone.

And FLEET ENEMA is easy. Ready to use. Completely disposable. A timesaving plus in nursing home care – or at home.

FLEET ENEMA. For geriatric patients. Helps restore the urge.

Warning: Frequent or prolonged use of enemas may result in dependence. Take only when needed or when prescribed by a physician. Do not use when nausea, vomiting, or abdominal pain is present. **Caution:** Do not administer to children under two years of age unless directed by a physician.

FREE BOOKLET. *The Professional Treatment of Constipation.* Specifically prepared to assist you in providing your older patients with more detailed information about constipation and its treatment. For copies simply write to C.B.FLEET CO.,INC., P.O. Box 1100, Lynchburg, Va. 24505.

Fleet® Enema
The professional aid to constipation relief

Fleet pharmaceuticals

C. B. FLEET CO., INC.
Lynchburg, Va. 24505

F70A72

"The history of science, and in particular the history of medicine...is... the history of man's reactions to the truth, the history of the gradual revelation of truth, the history of the gradual liberation of our minds from darkness and prejudice."

—George Sarton, from "The History of Medicine Versus the History of Art"

Would it be useful in clinical practice to have government predetermine drugs of choice?

Opinion

Results of a survey of physicians:

13.3%
Yes, it would be useful.

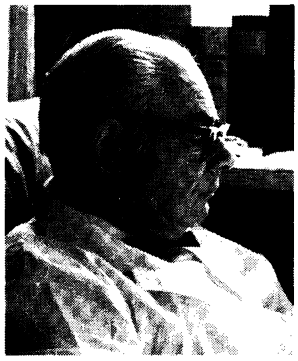
86.7%
No, it would not be useful.

Dialogue

Would it be useful in clinical practice to have government predetermine drugs of choice?

Doctor of Medicine

Walter Modell, M.D.,
Professor of Pharmacology,
Cornell University
Medical College,
Editor,
Clinical Pharmacology
& Therapeutics,
Drugs of Choice,
Rational Drug Therapy



The proposition that government should determine one or two "drugs of choice" within a given therapeutic class reflects the belief that a similarity in molecular structure insures a close similarity in pharmacologic effect. But this is by no means the rule. An obvious example would be in the field of diuretics, where a small change in chemical structure accounts for substantial differences in concomitant effects such as potassium excretion.

Any attempt to dictate the "drug of choice" would be complicated by the fact that some populations demonstrate a bimodal distribution in their reaction to drugs. If the data on drug response are mixed for the total population, one drug will appear to be as useful as the other. But if drug response is reported separately for different segments of the population, drug A will be found to be better for one group and drug B for the other.

It may, of course, be possible to determine drugs of choice in particular categories on a broad statistical basis. But there are always certain patients in whom a drug produces odd, unpredictable or idiosyncratic reactions. So, though a drug might statistically be the most useful one in a given situation, individual variations in response might make it the *incorrect* one.

The point I wish to make is that if two, three, four or more drugs in one class are of approximately equal merit, that in itself is justification for their availability. Exceptional cases do arise in which one drug would be useful to a certain segment of the population and another drug would be of no use at all. In the practice of medicine, the physician must be prepared to treat the routine as well as the unusual case.

Another objection to the determination of a drug of choice is that precise statements of *relative* efficacy are very difficult to make—much more difficult than statements of efficacy. For example, in testing drug efficacy, it is easy to determine the difference between a drug that is effective in treating a condition and one that is not at all effective. Thus, it is fairly easy to determine whether a drug is more effective than a placebo. But if you compare one drug that is effective with another drug that is also effective, and the relative differences between them are very slight, statements of relative efficacy may be very difficult to make with assurance.

I do not mean to imply that relative efficacy statements are not useful or can never be made. With some groups of drugs (e.g., analgesics), extensive study and precise methodology have yielded useful information on relative efficacy. But in most situations, such information can be acquired only through studies encompassing three to five years of use in many more patients than are used to compare drugs with a placebo for the introduction of a drug into commerce. It is really only after practitioners use a drug extensively that relative safety and efficacy in practice can really be determined.

The Bureau of Drugs has suggested the package insert as a possible means of communicating information on relative efficacy of drugs to the physician. I find this objectionable, since I do not believe the physician should have to rely on this source for final scientific truth. There is also a practical objection: Since few physicians actually dispense drugs, they seldom see the package insert. In any event, I would maintain that the physician should know what drug he wants and why without depending on the government or the manufacturer to tell him.

Undoubtedly, physicians are swamped by excessive numbers of drugs in some therapeutic categories. And I am well aware that many drugs within such categories could be eliminated without any loss, or perhaps even some profit, to the practice of medicine. But, in my opinion, neither the FDA nor any other single group has the expertise and the wisdom necessary to determine the one "drug of choice" in all areas of medical practice.

Maker of Medicine

Kenneth G. Kohlstaedt, M.D.,
Vice President,
Medical Research,
Eli Lilly and Company

In my opinion, it is not the function of any government or private regulatory agency to designate a "drug of choice." This determination should be made by the physician after he has received full information on the properties of a drug, and then it will be based on his experience with this drug and his knowledge of the individual patient who is seeking treatment.

If an evaluation of comparative efficacy were to be made, particularly by government, at the time a new drug is being approved for marketing, it would be a great disservice to medicine and thus to the patient —the consumer. For example, when a new therapeutic agent is introduced, on the basis of limited knowledge, it may be considered to be more potent, more effective, or safer than products already on the market. Conceivably, at this time the new drug could be labeled "the drug of choice." But as additional clinical experience is accumulated, new evidence may become available. Later, it may be apparent that the established products should not be so easily dismissed.

Variation in patient response to drugs constitutes one of the major obstacles to the determination of "drugs of choice." We are just beginning to open the door on pharmacogenetics, but it is evident that genetic differences cause wide variations in the way drugs are absorbed, metabolized, etc. This fact alone is sufficient to make unrealistic the idea that there is one drug in each class to be used for every human being.

The problem of determining relative drug efficacy is an extremely complicated one. Comparison with other drugs of the same class should not be a prerequisite for marketing a new substance. In some therapeutic areas, it may be difficult to make accurate comparisons. For example, in the treatment of infections it is not possible to conduct crossover studies. Recovery may be influenced by factors which cannot be controlled or measured, i.e., natural host resistance and virulence of infective agents. A drug's acceptability must often be judged on the basis of its own performance, and this may be limited to experience in a relatively small patient population. If the introduction of a new drug must await the adequate establishment of relative efficacy, the duration of clinical trial and extent of studies would be greatly prolonged, particularly for rare or unusual conditions. The availability of a new drug would be delayed. Many patients might suffer needlessly and lives might be lost.

Relative efficacy can best be established by experience in a general patient population through regular channels of clinical practice. The physician considers the patient as a whole, which means the patient often has multiple problems and drugs must be selected with this in mind. Hence, a "drug of choice" in an uncomplicated case may not be the best drug for a patient with associated problems. Publication of well-controlled studies in medical journals may provide comparative evidence; discussions at medical meetings, presentations at postgraduate courses, and the new audiovisual technology may bring evidence to physicians on comparative therapy. In a free medical marketplace, a drug that does not measure up will fall into disuse. For example, broad clinical experience has established vitamin B_{12} as the "drug of choice" for the treatment of primary pernicious anemia. No amount of advertising or promotional effort by the manufacturer could increase the use of liver extract for this anemia. However, a physician may wish to employ parenteral liver preparations for a special purpose.

In the field of surgery, peer review in the hospital has brought significant improvement in the use of new techniques and procedures. Something of this nature would be useful in the area of drug therapy. However, it should be developed by the medical profession itself and would necessitate, for its proper function, an improvement in the dissemination of reliable data on clinical pharmacology of drugs under consideration.

Ideally, information on the relative efficacy of drugs should be gathered and assessed by the physicians who actually administer the specific agents to a specific patient population. To do this, they will need even more information on the drugs they use —information that the pharmaceutical manufacturers must begin to provide if government regulation of *"drugs of choice"* is to be avoided.

Opinion & Dialogue

What is your opinion, doctor?
Send us your comments on the above issue.

P·M·A

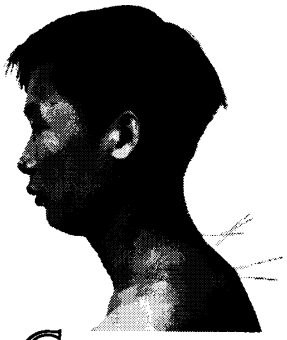
The Pharmaceutical Manufacturers Association
1155 Fifteenth Street, N.W., Washington, D.C. 20005

Prompt relief of pain is a lot of what the practice of medicine is all about...East or West.

In much of the Far East, the analgesic efficacy of Empirin® Compound with Codeine would probably be measured against acupuncture, an ancient and traditional therapeutic system.

In America, codeine sets such a high standard for oral analgesia, that it has become a criterion in terms of which other major oral analgesics are most often measured.

Synthetic and other oral analgesics may offer some of the properties of codeine, but not one can provide both its benefits and potency. And codeine provides an antitussive bonus.



Empirin Compound with Codeine is the most widely used, and probably the most pharmaceutically elegant analgesic preparation providing codeine. It's the time-tested combination for predictable pain relief . . . whether the pain is visceral or musculoskeletal; acute or chronic.

(III) **New prescription flexibility.** At your discretion, and where state law permits, a prescription for Empirin Compound with Codeine may now be refilled up to five times in six months.

Empirin Compound with Codeine No. 3 contains codeine phosphate (32.4 mg.) gr. ½. No. 4 contains codeine phosphate* (64.8 mg.) gr. 1. *(Warning—may be habit-forming.) Each tablet also contains: aspirin gr. 3½, phenacetin gr. 2½, caffeine gr. ½. Bottles of 100 and 1000.*

But for relief of Western pain

EMPIRIN®
COMPOUND C
CODEINE

Burroughs Wellcome Co., Research Triangle Park, North Carolina 27709

CONTINUING MEDICAL EDUCATION ACTIVITIES IN CALIFORNIA AND HAWAII

COMMITTEE ON CONTINUING MEDICAL EDUCATION

THIS BULLETIN of information regarding continuing education programs and meetings of various medical organizations in California and Hawaii is supplied by the Committee on Continuing Medical Education of the California Medical Association. It is funded through a Health Services and Mental Health Administration grant to the California Committee on Regional Medical Programs; Grant No. 3 S02 RM-00019 01S1. In order that they may be listed here, please send communications relating to your future meetings or postgraduate courses to Committee on Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102; or phone: (415) 776-9400, ext. 241.

CANCER

September 16-18—**Gynecologic Oncology Symposium and Colposcopy Course.** Western Association of Gynecologic Oncology at Biltmore Hotel, Los Angeles. Saturday-Monday. Contact: Symposia International, P.O. Box 580, Tujunga 91042. (213) 352-3400.

September 27-29—**Seventh National Cancer Conference.** American Cancer Society and National Cancer Institute at Biltmore Hotel, Los Angeles. Monday-Wednesday. Contact: Sidney L. Arje, M.D., Vice Pres. for Prof. Educ., ACS, 219 E. 42nd St., New York 10017. (212) 867-3700.

November 11-12—**Clinical Cancer Conference—Eighth Annual.** UCSF. Saturday-Sunday.

Continuously—**Tumor Board—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Pathology Conference Room, Harbor General Hospital, Torrance. Fridays 2-3 p.m. Advice and consultation from specialists in surgical, medical, and radiotherapeutic treatment of cancer. Practicing physicians invited to have patients presented for discussion. Contact: John Benfield, M.D., Dept. of Surgery, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 421.

MEDICINE

July 17-28—**Annual Survey Course in Immunology.** UCSD. Two weeks. $100.

August 13-16—**Fifteenth Annual Seminar in Internal Medicine.** UCLA. Sunday-Wednesday.

September 20—**Twelfth Annual Medical Symposium on Kidney Disease.** Kidney Foundation of Southern California at International Hotel, Los Angeles. Wednesday. $25. Contact: Leonard Gottlieb, Exec. Dir., KFSC, 5880 San Vicente Blvd., Los Angeles 90019. (213) 936-5229.

September 21-23—**Physicians Postgraduate Symposium on Heart Disease—Forty-second Annual Meeting.** San Francisco Heart Association at Hilton Hotel, San Francisco. Thursday-Saturday. $35. 18 hrs. Contact: Mrs. Frances MacKinnon, Dir., Comm. Prog., SFHA, 259 Geary St., San Francisco 94102. (415) 982-5753.

September 26-29—**Henry J. L. Marriott Electrocardiography Workshop.** Heart Association of the Redwood Empire at Santa Rosa Memorial Hospital, Santa Rosa. Tuesday-Friday. $75. 20 hrs. Contact: Phyliss Bogart, R.N., Santa Rosa Memorial Hospital, Santa Rosa 95402. (707) 546-3210, ext. 223.

September 28-29—**Dialogues in Dermatology—Part II.** UCSF at Sir Francis Drake Hotel, San Francisco. Thursday-Friday. 13 hrs.

September 28-30—**Regional Postgraduate Course in Cerebral Palsy.** See Pediatrics, September 28-30.

KEY TO ABBREVIATIONS AND SYMBOLS

Medical Centers and CMA Contacts for Information

CMA: California Medical Association
Contact: Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102. (415) 776-9400, ext. 241.

LLU: Loma Linda University
Contact: John E. Peterson, M.D., Associate Dean for Continuing Medical Education, Loma Linda University School of Medicine, Loma Linda 92354. (714) 796-7311.

PMC: Pacific Medical Center
Contact: Arthur Selzer, M.D., Chairman, Education Committee, Pacific Medical Center, P.O. Box 7999, San Francisco 94120. (415) 931-8000.

STAN: Stanford University
Contact: Edward Rubenstein, M.D., Associate Dean for Postgraduate Education, Stanford University School of Medicine, 300 Pasteur Drive, Stanford 94305. (415) 321-1200, ext. 5594.

UCD: University of California, Davis
Contact: George H. Lowrey, M.D., Professor and Chairman, Department of Postgraduate Medicine, University of California, Davis, School of Medicine, Davis 95616. (916) 752-3170.

UCI: University of California — California College of Medicine, Irvine
Contact: Donald W. Shafer, M.D., Assistant Coordinator, Continuing Medical Education, Regional Medical Programs, University of California, Irvine —California College of Medicine, Irvine 92664. (714) 833-5991.

UCLA: University of California, Los Angeles
Contact: Donald Brayton, M.D., Associate Dean and Head, Continuing Education in Medicine and the Health Sciences, 15-39 Rehabilitation Center, UCLA Center for the Health Sciences, Los Angeles 90024. (213) 825-7241.

UCSD: University of California, San Diego
Contact: Richard A. Lockwood, M.D., Associate Dean for Health Manpower, 1310 Basic Sciences Building, University of California, San Diego, School of Medicine, La Jolla 92037. (714) 453-2000, ext. 1251.

UCSF: University of California, San Francisco
Contact: Seymour M. Farber, M.D., Dean, Educational Services and Director, Continuing Education, Health Sciences, School of Medicine, University of California, San Francisco 94122. (415) 666-1692.

USC: University of Southern California
Contact: Phil R. Manning, M.D., Associate Dean, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. (213) 225-1511, ext. 203.

October 3-December 5—**Evening Lectures in Medicine.** UCSF and Oakland Hospital at Oakland Hospital. Tuesdays 8:00-10:00 p.m. Contact: UCSF.

October 4-7—**Advances in Endocrinology and Metabolism and Board Review.** UCSF. Wednesday-Saturday.

October 4-7—**Controversies in Internal Medicine.** Letterman General Hospital at Letterman General Hospital, San Francisco. Wednesday-Saturday. No fee. Topics include: The oral hypoglycemic controversy, coronary by-pass surgery, primary treatment of breast cancer, use and misuse of psychotherapeutic agents, antacids and ulcers, and others. Contact: John J. Deller, Colonel MC, Chief, Dept. of Med., Letterman General Hosp., San Francisco 94129. (415) 561-4275.

October 4-10—**California Society of Internal Medicine—Annual Meeting.** At Royal Lahaina Hotel, Kaanapali, Maui, Hawaii. Wednesday-Tuesday. $10., members; $20., non-members. 5-6 hrs. Contact: Cynthia Bell, Exec. Sec., CSIM, 703 Market St., San Francisco 94103. (415) 362-1548.

October 5-6—**First Annual Symposium on Diseases of the Urinary Tract.** STAN and Childrens Hospital at Childrens Hospital, Stanford. Thursday-Friday. $80. Contact: STAN.

October 6-7—**Tuberculosis.** UCSF. Friday-Saturday.

October 11—**Fifth George C. Griffith Scientific Lecture.** Los Angeles County Heart Association at Los Angeles Hilton, Los Angeles. Wednesday. No. fee. 1½ hrs. Contact: Mr. Shah Khan, Prog. Assoc., LACHA, 2405 W. Eighth St., Los Angeles 90057. (213) 385-4231.

October 11-12—**Fall Symposium—1972.** Los Angeles County Heart Association at Los Angeles Hilton, Los Angeles. Wednesday-Thursday. 14 hrs. Contact: Mr. Shah Khan, Prog. Assoc., LACHA, 2405 W. Eighth St., Los Angeles 90057. (213) 385-4231.

October 12—**Endocrine Emergencies.** USC and the Hospital of the Good Samaritan at the Hospital of the Good Samaritan, Los Angeles. Thursday. Contact: USC.

October 12-14—**Western Industrial Medical Association.** At Newporter Inn, Newport Beach. Thursday-Saturday. Contact: Mr. Leo Vortuni, Registration Chmn., AIHA, Insurance Co. of N. Amer., 400 Central Tower Bldg., Orange 92668. (714) 836-6641.

October 16-27—**Physicians Training Program in Coronary Care.** Cedars of Lebanon Hospital at Cedars of Lebanon Hospital, Los Angeles. Two weeks. $300. 96 hrs. Contact: Miss Janie Sternal, Coord., Contin. Med. Ed., Cedars of Leb. Hosp., 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 606.

October 25-26—**Symposium on Diabetes.** USC. Wednesday-Thursday.

October 29—**Diagnosis and Management of Medical and Surgical Gastro-Intestinal Disorders.** UCI and Granada Hills Community Hospital at San Fernando Valley State College, Northridge. Sunday. Contact: Arno Roscher, M.D., Prog. Chmn., 10445 Balboa Blvd., Granada Hills 91344. (213) 360-1021.

October 29-November 1—**Academy of Psychosomatic Medicine.** At Vacation Village, Mission Bay, San Diego. Sunday-Wednesday. Contact: Adam J. Krakowski, M.D., 202A Cornelia St., Plattsburgh, N.Y. 12901. (518) 561-6490.

October 29—November 2—**Pacific Dermatologic Association.** At El Mirador Hotel, Palm Springs. Sunday-Thursday. Contact: Robert J. McNamara, M.D., 2828 Telegraph Ave., Berkeley 94705. (415) 848-8404.

November 3-5—**Cardiology 1972.** American College of Cardiology and the University of Hawaii School of Medicine at Surfrider Hotel, Honolulu. Friday-Sunday. Contact: Miss Mary Ann McInerny, Dir., Dept. of Cont. Educ. Prog., ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

November 6-15—**Cardiology for the Consultant.** American College of Cardiology at Rancho Santa Fe Inn, Rancho Santa Fe. Nine days. Contact: Miss Mary Ann McInerny, Dir., Dept. of Cont. Educ. Prog., ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

November 8-10—**American College of Emergency Physicians.** At Hilton Hotel, San Francisco. Wednesday-Friday. Contact: Mr. Arthur E. Auer, 240 E. Saginaw St., East Lansing, Mich. 48823. (517) 332-0838.

November 12-15—**California Academy of General Practice—Annual Scientific Assembly.** At Century Plaza Hotel, Los Angeles. Sunday-Wednesday. $10., nonmembers. 13 hrs. Contact: Mr. William Rogers, CAGP, 9 First St., San Francisco 94105. (415) 982-6091.

November 16-17—**New Concepts in Medicine.** California Hospital Medical Center at California Hospital Medical Center, Los Angeles. Thursday-Friday. Contact: Kenneth L. Senter, M.D., Dir. Med. Ed., CHMC, 1414 S. Hope St., Los Angeles 90015. (213) 748-2411.

November 18-19—**Health of the School Child.** UCSF. Saturday-Sunday.

November 29-December 1—**Respiratory Failures Workshop.** USC. Wednesday-Friday.

Continuously—**Differential Diagnosis in Internal Medicine.** USC. September 28-May 24, 1973, on the fourth Thursday of each month.

Continuously—**Cardiology for the Consultant.** USC. October 4-June 20, 1973, Wednesdays.

Continuously—**Renal Dialysis Traineeships.** UCSF. By special arrangement.

Continuously—**Preceptorships in Biochemistry and Biophysics.** UCSF. By arrangement.

Continuously—**Clinics in Dermatology.** UCSF. By arrangement.

Continuously—**Cardiovascular Seminars.** Mondays at 4:30 p.m. in the second floor lecture hall, Basic Science Building, UCSD. Contact: UCSD.

Continuously—**Preceptorships in Cardiology.** American College of Cardiology and PMC. By arrangement. Contact: Arthur Selzer, M.D., PMC; or Miss Mary Ann McInerny, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

Continuously—**Biomedical Lecture Series.** UCSD. Specified Wednesday at 8:00 p.m. For schedule contact UCSD.

Continuously—**Joint Continuing Medical Education Programs for South Bay Hospitals.** UCSD, Bay General Hospital, Chula Vista Community Hospital, Coronado Hospital, Paradise Valley Hospital and CRMP. Pro-

grams to be held at various hospitals; August 3—Diabetes Mellitus. Paradise Valley Hospital, 7:30 p.m.; September 19—Stroke. Coronado Hospital Auditorium; October 2—Obesity. Bay General Hospital. Contact UCSD.

Continuously—**Cardiology Lectures.** Cedars of Lebanon Hospital, Los Angeles. Wednesdays, February 9-September 1, 8:00-8:45 a.m. Contact: Mrs. Janie Sternal, Coord., Contin. Med Ed., Ced. of Leb. Hosp., 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 606.

Continuously—**Neurology Conference.** San Joaquin General Hospital, Stockton. Mondays, 10:00-11:30 a.m. in Conference Room 2. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Renal Conference.** San Joaquin General Hospital, Stockton. First Tuesday of each month, 11:00 a.m. to 12:00 noon, Conference Room 2. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Cardiology Conference.** San Joaquin General Hospital, Stockton. Every third Wednesday of the month, 10:00-11:30 a.m., Conference Room 1. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Seminar in Clinical and Public Health Aspects of Chest Diseases.** Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. Three hour sessions on second Friday of each month, 9-12 a.m., B-3 classroom, Chest Wards. Presentation of patients demonstrating medical, social, and public health aspects of chest disease, followed by discussion of cases. Course open to physicians, nurses, social workers and personnel concerned with detection and management of patients with chest disease. No fee. Contact: Matthew Locks, M.D., Dir., Chest Ward Service, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1245.

Continuously—**Training of Physicians in Modern Concepts of Pulmonary Care.** CRMP Area VI, LLU and Riverside General Hospital. Four weeks or more, scheduled by arrangement. Diagnostic and therapeutic methods in medical chest disease, physiological methodology of modern pulmonary care programs, use of new instrumentation in the field. 160 hrs. Contact: George C. Burton, M.D., LLU.

Continuously—**Neurological Sciences.** St. Francis Hospital of Lynwood, Lynwood. Wednesdays, 7:30-8:30 a.m. Presentations of radiological evaluations and pathological specimens of current material and review of current topics in specialty. Weekly notification of cases to be available. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3620 Imperial Hgwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Continuing Education in Internal Medicine—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Harbor General Hospital, Torrance. Thursdays 12-1 p.m. Systematic review of internal medicine, lectures by faculty and visiting professors. Contact: A. James Lewis, M.D., Program Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 647.

Continuously—**Training for Physicians in General Internal Medicine.** CRMP Area VI and LLU at LLU. Four weeks or more, scheduled by arrangement. Bedside and classroom training, practical aspects of clinical care and management. 160 hrs. Contact: LLU.

Continuously—**EKG Conference.** St. Francis Hospital of Lynwood, Lynwood. Presented the first Thursday of each month, 12:00-1:30 p.m. A presentation of cases and pathology of recent coronary patients. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3630 Imperial Hgwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Cardio-angiography Conference.** St. Francis Hospital of Lynwood, Lynwood. Presented the second and fourth Thursday of each month, 12:00-1:30 p.m. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3630 Imperial Hgwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Basic Home Course in Electrocardiography.** One year postgraduate series, ECG interpretation by mail. Physicians may register at any time. $100 (52 issues). Contact: USC.

Continuously—**Cardiology Conferences—CRMP Area III.** Monthly, 2:30-5:30 p.m. at Room M112, Stanford Medical Center, Stanford. Conferences including case presentations of local complicated cardiological problems. Contact: William J. Fowkes, Jr., M.D., 703 Welch Road, Suite G1, Palo Alto 94304. (415) 321-1200, ext. 6015.

Grand Rounds—Medicine

Tuesdays

8:30-10:00 a.m., Assembly Hall, Harbor General Hospital, Torrance. UCLA.

Neurologist in Chief Rounds. 12:30 p.m., 6 East, University Hospital of San Diego County, San Diego. UCSD.

Wednesdays

8:00 a.m., A Level Amphitheater, LLU Hospital, LLU.

1st Wednesday of each month, 10:00-11:15 a.m., Conference Room 1, San Joaquin General Hospital, Stockton.

10:30-12:00 noon. Auditorium, Medical Sciences Building. UCSF.

11:00 a.m., Room 1645, Los Angeles County-USC Medical Center. USC.

12:30 p.m., Auditorium, School of Nursing, Orange County Medical Center. UCI.

12:30-1:30 p.m., University Hospital, UCSD.

12:30-1:30 p.m., Building 22, VA Hospital, Sepulveda.

Thursdays

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

10:30-12:00 noon, Room 33-105, UCLA Medical Center. UCLA.

Neurology. 11:00 a.m., 664 Science, UCSF.

Neurology. 12:30 p.m., University Hospital of San Diego County, San Diego. UCSD.

4th Thursday of each month, 12:30 p.m. in lower conference room, Huntington Intercommunity Hospital, Huntington Beach.

Fridays

8:00 a.m., Courtroom, Third Floor, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Auditorium, Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles. CRMP Area IV.

Neurology. 10:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

1st and 3rd Fridays, 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

1:15 p.m., Lieb Amphitheater, Timken-Sturgis Research Bldg., La Jolla. Scripps Clinic and Research Foundation.

Rheumatology. 11:45 a.m., Room 6441, Los Angeles County-USC Medical Center, Los Angeles. USC.

OBSTETRICS AND GYNECOLOGY

August 9-13—**Seminar in Obstetrics and Gynecology—Fifth Annual.** UCLA at UCLA Residential Conference Center, Lake Arrowhead. Monday-Friday. 24 hrs.

September 16-18—**Gynecologic Oncology Symposium and Colposcopy Course.** See Cancer, September 16-18.

September 21-23—**Modern Trends in Obstetrics and Gynecology.** UCSF at Hilton Hotel, San Francisco. Thursday-Saturday.

October 4-6—**Fetal Monitoring.** USC. Wednesday-Friday.

October 18-20—**Ob/Gyn Review.** USC. Wednesday-Friday.

November 12-14—**American Association of Gynecological Laparoscopists—Annual Symposium.** At Stardust Hotel, Las Vegas. Sunday-Tuesday. Contact: Jordan M. Phillips, M.D., 11239 S. Lakewood Blvd., Downey 90241. (213) 862-8181.

Continuously—**Preceptorships in Obstetrics and Gynecology—Aspiration Abortion.** UCSF. By arrangement.

Continuously—**Ob/Gyn Conference.** San Joaquin General Hospital, Stockton. Mondays, 12:00-1:30 p.m. in Doctors' Dining Room. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Grand Rounds—Obstetrics and Gynecology

Mondays

10-11:30 a.m., Assembly Room, First Floor, Harbor General Hospital, Torrance. UCLA.

10:30 a.m., Auditorium, Womens Hospital, Los Angeles County-USC Medical Center, Los Angeles. USC.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Tuesdays

9:00 a.m., Fifth Floor Auditorium, Room 53-105, UCLA Medical Center. UCLA.

Wednesdays

8:00 a.m., Conference Room, Sacramento Medical Center, Sacramento. UCD.

Fridays

8:00 a.m., Auditorium, Orange County Medical Center. UCI.

Saturdays

8:00 a.m., Executive Dining Room, University Hospital of San Diego County, San Diego. UCSD.

PEDIATRICS

July 19-22—**Pediatric Dermatology.** STAN. Wednesday-Saturday.

September 27-28—**29th Annual Brennemann Memorial Lectures.** Los Angeles Pediatric Society at Sportsmen's Lodge, North Hollywood. Wednesday-Thursday. 8 hrs. Contact: Mrs. Eve Black, Exec. Sec., LAPS, P.O. Box 2022, Inglewood 90305. (213) 757-1198.

September 28-30—**Regional Postgraduate Course in Cerebral Palsy.** American Academy for Cerebral Palsy and Childrens Hospital at Childrens Hospital, Stanford. Thursday-Saturday. $75. Contact: Eugene E. Bleck, M.D., 4 El Cerrito, San Mateo 94402. (415) 344-6816.

October 4-6—**Fetal Monitoring.** See Obstetrics and Gynecology, October 4-6.

November 6-10—**Pediatric Allergy.** UCSF. Monday-Friday. $150. 29 hrs.

November 10-11—**Combined Pediatric/Medicine Symposium.** Southern California Permanente Medical Group at Beverly Hilton Hotel, Beverly Hills. Friday-Saturday. Contact: Mrs. Shirley Gach, Coord., Room 6014, SCPMG, 4900 Sunset Blvd., Los Angeles 90027. (213) 667-4241.

Continuously—**Preceptorships in Pediatrics.** UCSF. By arrangement.

Continuously—**Pediatric Cardiology Conference.** UCSD, Third Floor Conference Room, University Hospital. Clinical review of cases planned for the week, Tuesdays at 7:30 a.m.; Clinical review of data obtained, Fridays at 1:30 p.m. Contact: UCSD.

Continuously—**Pediatric Research Seminar.** UCSD. Mondays, 12:00 noon-1:00 p.m.

Continuously—**Pediatrics Clinical Conference.** San Joaquin General Hospital, Stockton. Wednesdays, 10:00-11:15 a.m., Conference Room 3. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Pediatric-Cardiology Conference.** San Joaquin General Hospital, Stockton. Third Thursday of each month, 9:30-11:00 a.m., Conference Room 2. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Pediatric Conference.** Cedars-Sinai Medical Center, Los Angeles. Thursdays weekly, 8:30-9:30 a.m. Contact: B. M. Kagan, M.D., Cedars-Sinai Med. Center, 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 181.

Grand Rounds—Pediatrics

Tuesdays

8:00 a.m., Childrens Hospital Medical Center, Oakland.

8:00 a.m., Auditorium, Pediatric Pavilion, Los Angeles County-USC Medical Center, Los Angeles. USC.

8:30 a.m., Room 4-A, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:30 a.m., Pathology Auditorium, San Francisco General Hospital.

8:30 a.m., University Hospital of San Diego County, San Diego. UCSD.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

Wednesdays

8-9:00 a.m., held alternately at Auditorium, Orange County Medical Center and Auditorium, Childrens Hospital of Orange County. UCI.

8:30 a.m., Bothin Auditorium, Childrens Hospital, San Francisco.

Thursdays

8:30-10:00 a.m., Room 664, Science Building, UCSF.

8:30-9:30 a.m., Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles.

8:30 a.m., First Floor Auditorium, Harbor General Hospital, Torrance.

Fridays

8:00 a.m., Lecture Room, A Floor, Health Sciences Center, UCLA. CRMP Area IV.

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

8-9:00 a.m., Lecture Hall, Childrens Hospital of Los Angeles.

8:30 a.m., Room M104, Stanford University Medical Center, STAN.

9:30-11:00 a.m., Conference Room 2, San Joaquin General Hospital, Stockton.

Infectious Disease. 10:00 a.m., Auditorium, Childrens Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

PSYCHIATRY

October 28-29—**Psychiatry in Medicine, Surgery and the Specialties.** UCSF and Fresno Community Hospital at Fresno Community Hospital, Fresno. Saturday-Sunday. Contact: UCSF.

November 1-5—**American Society of Clinical Hypnosis—Fifteenth Annual Scientific Meeting.** At Town and Country Hotel, San Diego. Tuesday-Sunday. $125. 20 hrs. Contact: F. D. Nowlin, Exec. Sec., ASCH, 800 Washington Ave., S.E., Minneapolis 55414. (612) 331-9452.

Continuously—**Preceptorships in Psychiatry.** UCSF. By arrangement.

Continuously—**Southern California Psychiatric Society—Monthly Scientific Program.** SCPS at UCLA. Second Monday of each month, September-June. Contact: Eleanor Kranther, Exec. Sec., SCPS, 9713 Santa Monica Blvd., Beverly Hills 90210 (213) 271-7219.

Continuously—**Eric Berne Seminar of San Francisco.** International Transactional Analysis Association at 2709 Jackson St., San Francisco. Tuesday evenings. 8:30 p.m. Contact: Dr. John Dusay, Pres., 2709 Jackson St., San Francisco 94115. (415) 346-4082.

Grand Rounds—Psychiatry

Wednesdays

10:30 a.m., Sacramento Medical Center, Sacramento. UCD.

RADIOLOGY AND PATHOLOGY

July 28-29—**Scintillation Camera Workshop.** UCSF. Friday-Saturday.

September 23—**Abnormal Laboratory Data: Evaluation and Follow-up. SMA 12/60.** PMC. Saturday. 8 hrs. First in a series of six programs.

October 7-8—**Radiation Therapy.** USC. Saturday-Sunday.

October 13-14—**Scintillation Camera Workshop.** UCSF. Friday-Saturday.

October 13-21—**Fall Meeting of the American Society of Clinical Pathologists and College of American Pathologists.** At Hilton Hotel, San Francisco. One week. Contact: Miss Martha Damron, Mgr., Meeting Services, ASCP, 2100 W. Harrison St., Chicago 60612. (312) 738-1366.

November 11-12—**Continuing Medical Education Course in Radiology.** UCLA. Saturday-Sunday.

November 18—**Abnormal Laboratory Data: Evaluation and Follow-up. Thyroid Function Studies.** PMC. Saturday. 8 hrs. Second in a series of six programs.

Continuously—**Cytopathology Tutorial Program.** UCSF. Courses may be arranged throughout the year on the basis of individual needs and goals; fees are prorated accordingly. Arrangements should be discussed with instructor, Eileen B. King, M.D., Dept. of Pathology, UCSF. (415) 666-2919.

Continuously—**Orange County Radiological Society—Film Reading Sessions.** Orange County Medical Center, Orange. Second Tuesday of each month, 7:30-9:30 p.m., September, 1971-June, 1972. Contact: Edward I. Miller, M.D., Secy., OCRS, 301 Newport Blvd., Newport Beach 92660. (714) 548-0651.

Continuously—**UCSF Radiology Rounds, Seminars, and Conferences.** Weekly meetings October-May. Department of Radiology, UCSF. Open to all physicians without charge. Radiology Chest Conferences, Angiocardiography Rounds, Diagnostic Radiology Seminars, Neuroradiology Seminars, Radiation Therapy Seminars. For schedule information contact: UCSF.

Continuously—**Principles and Clinical Uses of Radioisotopes.** UCSF. Fundamentals for the proper understanding and use of radioactivity in clinical medicine. Training in diagnostic and therapeutic uses of radioisotopes. Normal period of training: 3 months. Two part course: Part A, Basic Fundamentals; Part B, Clinical Applications.

Continuously—**Scintillation Camera Workshop.** UCSF. Workshops provided for physicians and nuclear medicine technologists by special arrangement, limited to 30 trainees per workshop. One or two day intensive training periods, basic instruction in scintillation camera theory, scintographic principles and scintiphotographic interpretations. $50. Contact: UCSF.

Continuously—**Scintograph Interpretation.** UCSF and Nuclear Medicine Section, Department of Radiology, UCSF. By special arrangement, designed to furnish physicians with an opportunity to participate in the daily activities of a university laboratory. Two-week training period participation in daily interpretation conferences, correlation conferences, routine training conferences. $175. Contact: UCSF.

Grand Rounds—Radiology-Pathology

Mondays

Pathology. 1:00 p.m., Sacramento Medical Center, Sacramento. UCD.

Fridays

Neuroradiology. 9:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

SURGERY AND ANESTHESIOLOGY

August 4-6—**Advanced Lectures in Anesthesiology.** UCLA Extension at Neuropsychiatric Institute, UCLA. Friday-Sunday. 13 hrs. Topics include: muscle relaxants, update on fluorinated agents, ketamine in general surgery, Beta blockers, the present and future of therapeutic abortion, safe conduction anesthesia for mother and baby, and others. Contact: UCLA.

August 16-18—**Keratoplasty.** PMC. Wednesday-Friday. 24 hrs. Topics to be covered include indications and contraindications for surgery, care and selection of tissues, pre-and post-operative care, management of complications, keratoprosthesis, contact lenses, combined keratoplasty-cataract extraction and others.

September 16-17—**American Association for Hand Surgery.** At Stardust Hotel, Las Vegas. Saturday-Sunday. Contact: Kim K. Lie, M.D., Exec. Sec., AAHS, 765 Bedford Road, Grosse Pointe Park, Mich. 48230. (313) 962-9828.

September 19-23—**American Society of Plastic and Reconstructive Surgeons.** At Stardust Hotel, Las Vegas. Tuesday-Saturday. Contact: Mr. Dallas F. Whaley, 29 E. Madison St., Chicago 60602. (312) 641-0593.

September 22-23—**Second International Microvascular Transplantation Workshop.** UCSD at University Hospital, UCSD. Friday-Saturday. $10. 15 hrs. Participation in the program is by invitation only. Demonstrate new techniques of organ transplantation in small animals. Opportunity will be provided for participants to take part in surgical procedures and to discuss the related physiological and immunopathological aspects.

September 28-30—**American Association for Surgery of Trauma.** At St. Francis Hotel, San Francisco. Thursday-Saturday. Contact: John H. Davis, M.D., Secy., AAST, Univ. of Vermont, Coll. of Med., Given Bldg., Burlington, Vt. 05401. (802) 863-5527.

October 2-6—**American College of Surgeons—Clinical Congress.** At Civic Auditorium and Fairmont Hotel, San Francisco. Monday-Friday. Contact: E. W. Gerrish, M.D., ACS, 55 E. Erie St., Chicago 60611. (312) 664-4050.

October 6-7—**Strabismus.** PMC. Friday-Saturday. 12 hrs.

October 7-11—**American Fracture Association.** At Saint Francis Hotel, San Francisco. Saturday-Wednesday. Contact: H. W. Wellmerling, M.D., Sec. Gen., AFA, 610 Griesheim Bldg., Bloomington, Ill. 61701. (309) 827-6077.

October 13-14—**Proctology.** UCSF. Friday-Saturday.

October 22-24—**Current Concepts of Fracture Healing and Treatment.** USC and American Academy of Orthopedic Surgery at Huntington Sheraton Hotel, Pasadena. Sunday-Tuesday. Contact: J. Paul Harvey, Jr., M.D., Box 302, 1200 N. State St., Los Angeles 90033. (213) 225-3115, ext. 71363.

October 25 and November 15—**Fundoscopy.** USC. Two Wednesdays.

October 28—**Acupuncture.** UCSF. Saturday.

November 12-16—**Fifth Western Hemisphere Congress of the International College of Surgeons.** At Town and Country Hotel, San Diego. Sunday-Thursday. Contact: Andrew G. Sharf, M.D., Gen. Chmn., Fifth West. Hemisphere Congress, ICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.

Continuously—**Preceptorships in General Surgery.** UCSF. By arrangement.

Continuously—**Preceptorships in Neurological Surgery.** UCSF. By arrangement.

Continuously—**Preceptorships in Urology.** UCSF. By arrangement.

Continuously—**Training for Physicians in Nephrology.** CRMP Area VI and LLU at LLU. Courses of four weeks or more available, to be scheduled by arrangement. Hemodialysis, peritoneal dialysis, renal biopsy, and kidney transplantation. 160 hrs. Contact: Stewart W. Shankel, M.D., LLU.

Continuously—**Thoracic Surgery Conference.** San Joaquin General Hospital, Stockton. Fourth Wednesday of each month, 9:00-10:30 a.m., Conference Room 1. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Medical Surgical Conference.** San Joaquin General Hospital, Stockton. Second Wednesday of each month, 10:00-11:15 a.m., Conference Room 1. Contact: J. David Bernard, M.D., F.A.C.P., Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Orthopaedic Audio-Synopsis Foundation.** A non-profit service for Orthopaedic Surgeons publishing monthly recorded teaching programs which include summaries of pertinent literature and excerpts from leading national and international meetings. Twelve monthly c-60 cassette tapes. Annual subscription rate $72. ($50 for residents). Contact: J. Tonn, Man. Ed., OASF, 6317 Wilshire Blvd., Los Angeles 90048. (213) 986-0131.

Grand Rounds—Surgery

Tuesdays

Orthopedic Surgery. 8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

Urology. 7:30 a.m., Sacramento Medical Center, Sacramento. UCD.

Wednesdays

7:15 a.m., Auditorium, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:00-10:00 a.m. San Joaquin General Hospital, Stockton.

1st and 3rd Wednesdays. 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. CRMP Area IV.

3:30 p.m., Sacramento Medical Center, Sacramento. UCD.

Thursdays

Neurology and Neurosurgery. 11:00-12:15, Room 663, Science Building, UCSF.

Fridays

1-2:00 p.m., Auditorium, Orange County Medical Center, Orange. UCI.

Neurosurgery. 11:15 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

Saturdays

8:00 a.m., Auditorium, 1st floor, University Hospital of San Diego County, San Diego, UCSD.

Urology. 8:00 a.m., 3rd floor conference room, University Hospital of San Diego County, San Diego. UCSD.

8:30 a.m., Assembly Room, Harbor General Hospital, Torrance. CRMP Area IV.

9:00 a.m., Room 73-105, Health Sciences Center, UCLA. CRMP Area IV.

OF INTEREST TO ALL PHYSICIANS

August 12-23—**Fifteenth Annual Postgraduate Refresher Course for Physicians.** USC at Sheraton Waikiki Honolulu and Maui, Hawaii. One and one-half weeks. 37 hrs.

September 7—**Coma.** PMC. Thursday. 8 hrs.

September 19-December 5—**Emergency Management.** USC. Tuesdays. Twelve weeks.

September 21-December 14—**Bedside Clinics.** USC. Thursdays. Thirteen weeks.

October 5-8—**American Society of Bariatrics—Twenty-second Annual Convention.** At Flamingo Hotel, Las Vegas. Thursday-Sunday. Contact: W. L. Asher, M.D., Exec. Dir., ASB, 3195 S. Broadway, Englewood, Colo. 80110. (303) 781-5257.

October 28—**Acupuncture.** See Surgery—Anesthesiology. October 28.

October 28-29—**Psychiatry in Medicine, Surgery and the Specialties.** See Psychiatry, October 28-29.

October 30-November 3—**Intensive Care—Interdepartmental Postgraduate Course. STAN.** Monday-Friday. $200.

November 5-9—**Clinical Emergency Care.** UCLA. Sunday-Tuesday.

Continuously—**Mission Community Hospital Program.** UCI and Mission Community Hospital at Mission Community Hospital, Mission Viejo. Tuesdays at noon. Contact: UCI for schedule and further information.

Continuously—**Chapman General Hospital Program.** UCI and Chapman General Hospital at Chapman General Hospital, Orange. Mondays at noon. Contact: UCI for schedule and further information.

Continuously—**Dynamics of the Family—Psychiatry.** UCI at Orange County Medical Center, Orange. $200. September through June.

Continuously—**Basic Science Correlation in Disease. VA Hospital, Sepulveda. Wednesday evenings, September 16-June 23. Contact: Michael Geokas, M.D., Ph.D., Chief, Medical Service, VA Hospital, Sepulveda 91343. (213) 894-8271.**

Continuously—**Basic Science Lecture Series.** UCSD. Mondays, 4:00 p.m., third floor conference room, University Hospital of San Diego County, San Diego. Contact: UCSD.

Continuously—**Audio-Digest Foundation. A non-profit subsidiary of CMA. Twice-a-month tape recorded summaries of leading national meetings and surveys of current literature. Services by subscription in: General Practice, Surgery, Internal Medicine, Ob/Gyn, Pediatrics,** Psychiatry, Anesthesiology, Ophthalmology, Otorhinolaryngology. Catalog of lectures and panel discussions in all areas of medical practice also available. $75 per year. Contact: Mr. Claron L. Oakley, Editor, Suite 700, 1930 Wilshire Blvd., Los Angeles 90057. (213) 483-3451.

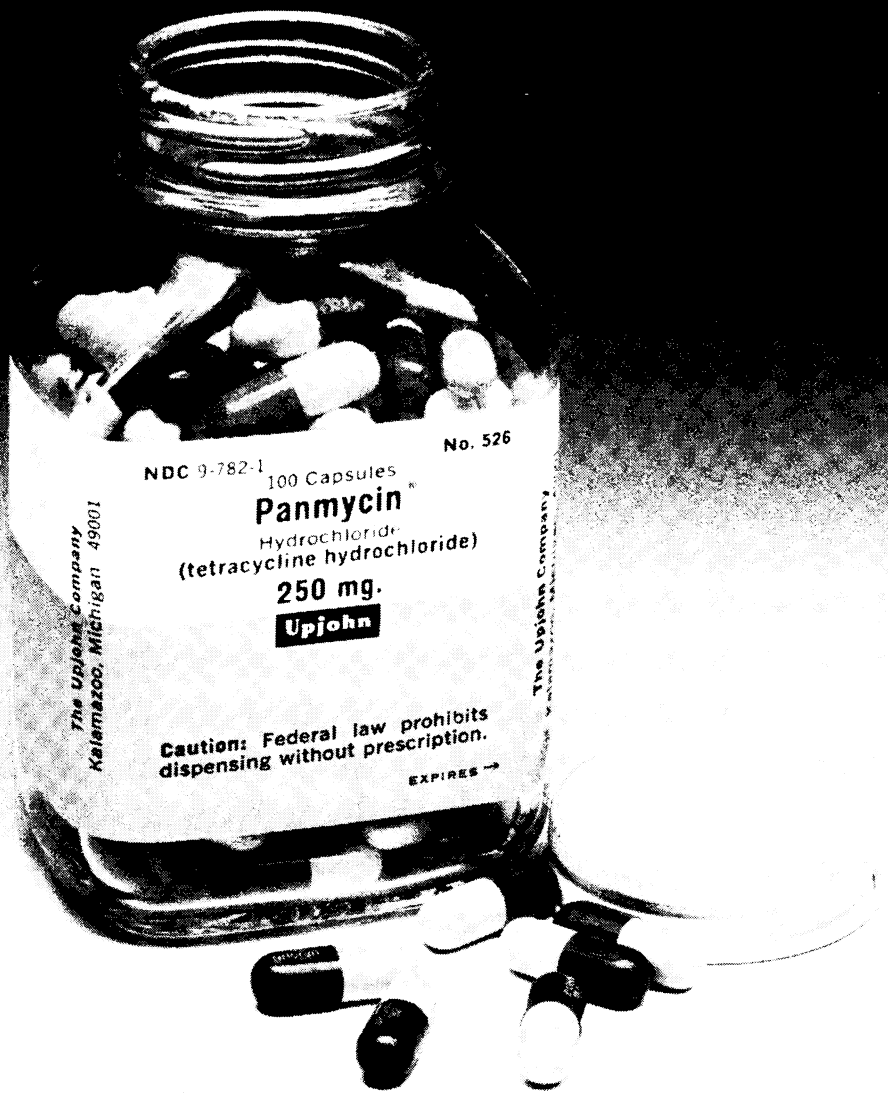
Continuously—**Medical Media Network.** Programs and study guides produced in association with faculties of major medical schools and centers throughout California. MMN administered by University Extension, UCLA. Subscriptions for all California hospitals, rental or purchase, 16 mm, super 8 mm, one-inch videotape. Provides physicians throughout the state with current educational programs in local hospitals. Consult the nearest MMN Hospital regarding time and date for viewing. Contact: Kathryn Alexander, Commun. Coord., MMN, 10995 Le Conte Ave., Los Angeles 90024. (213) 825-1791.

Continuously—**Postgraduate Education Program—Harbor General Hospital.** Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. **Practicing physicians invited to participate one-half day** weekly over a two-month period in a selected medical or surgical sub-specialty clinic. Patient care, teaching exercises, discussion. Medical clinics currently available: Allergy, Arthritis, Cardiology, Dermatology, Endocrinology, Diabetes, Gastroenterology, Hematology, Neurology, Medical Oncology, Chest, and Renal Hypertension. Surgical sub-specialties also available. Current schedule: July-August. $50. 27 hrs. Contact Malin Dollinger, M.D., Prog. Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1257.

Continuously—**Stanford Speaker's Bureau for Environmental Topics.** Stanford University Committee for Environmental Information. Provides on request speakers and programs on environmental topics. Air pollution, water pollution and water conservation issues, radiation hazards and radiation technology, pesticides and their ecological problems, medicine's responsibilities in the environmental-ecology crisis and others. Contact: STAN.

Continuously—**Stanford-Mills Memorial Hospital Continuing Education Program.** STAN at Mills Memorial Hospital, San Mateo. Tuesday-Friday weekly. Basic Science for the Clinician, Grand Rounds, Intensive Care. Contact: STAN.

Upjohn's low-priced tetracycline



Panmycin®

(tetracycline HCl, Upjohn)
Available as 250 mg capsules and
tetracycline syrup 125 mg/5 ml

Upjohn The Upjohn Company, Kalamazoo, Michigan 49001

Will his return to work mean the return of undue psychic tension?

When it's mandatory to keep the post-coronary patient calm, consider Valium (diazepam).

Although he's promised to take it easy back on the job, you know he's going back to the same stressful circumstances that may have contributed to his hospitalization. If he experiences excessive anxiety and tension because of overreaction to stress, your prescription for Valium can bring relief. During the period of readjustment Valium can quiet undue anxiety.

For moderate states of psychic tension, 5-mg or 2-mg Valium tablets *b.i.d.* to *q.i.d.* can usually provide reliable relief. For severe tension/anxiety states, the 10-mg tablet often produce desired results.

The most commonly reported side effects are drowsiness, ataxia and fatigue. Until individual response is determined, caution patient against driving or operating dangerous machinery.

Valium® (diazepam)

For the tense cardiac patient who must be kept calm

Before prescribing, please consult complete product information, a summary of which follows:

Indications: Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

Contraindicated: Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

Warnings: Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

Precautions: If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or oversedation.

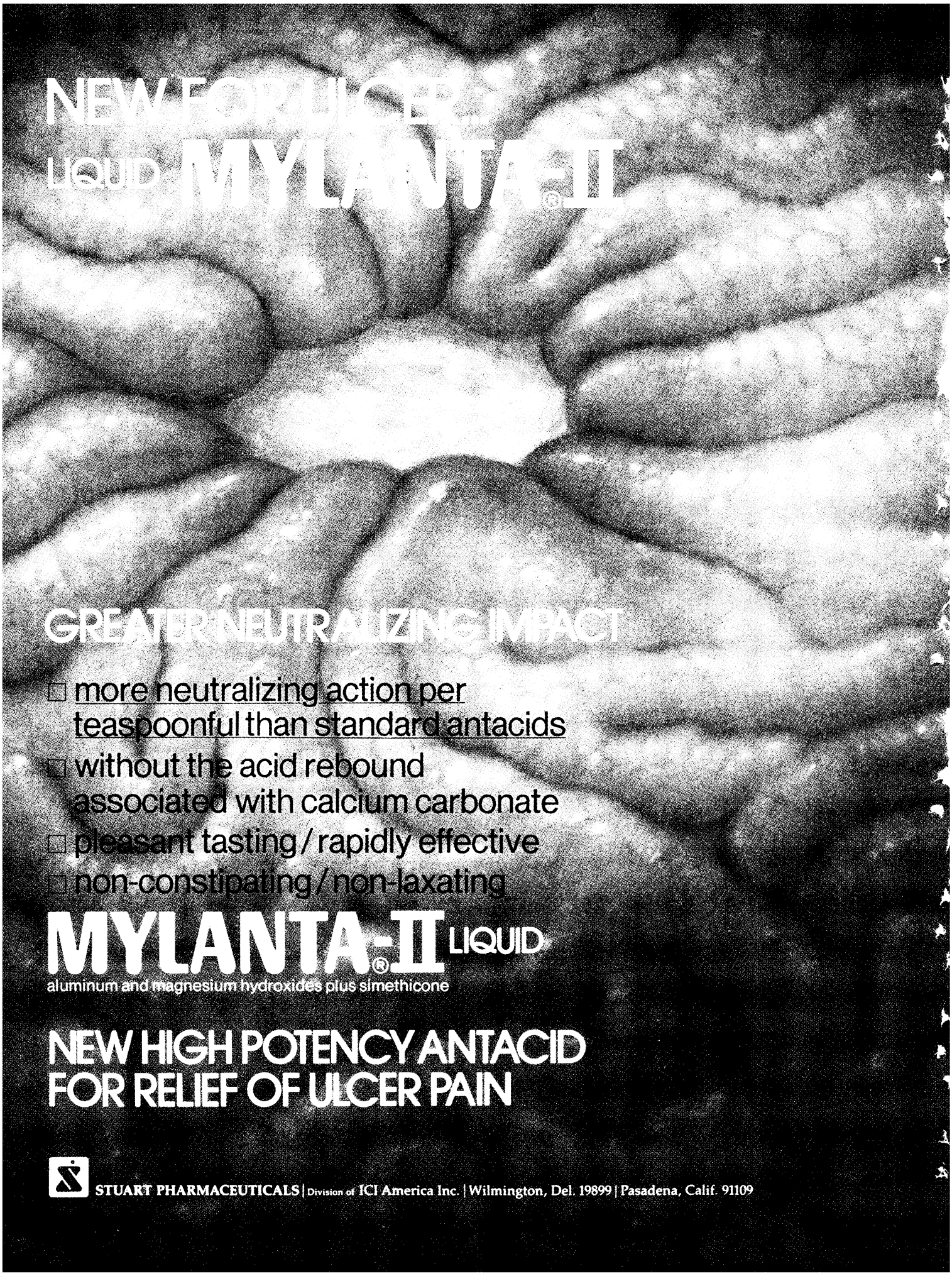
Side Effects: Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyperexcited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

Dosage: Individualize for maximum beneficial effect. *Adults:* Tension, anxiety and psychoneurotic states, 2 to 10 mg b.i.d. to q.i.d.; alcoholism, 10 mg t.i.d. or q.i.d. in first 24 hours, then 5 mg t.i.d. or q.i.d. as needed; adjunctively in skeletal muscle spasm, 2 to 10 mg t.i.d. or q.i.d.; adjunctively in convulsive disorders, 2 to 10 mg b.i.d. to q.i.d. *Geriatric or debilitated patients:* 2 to 2½ mg, 1 or 2 times daily initially, increasing as needed and tolerated. (See Precautions.) *Children:* 1 to 2½ mg t.i.d. or q.i.d. initially, increasing as needed and tolerated (not for use under 6 months).

Supplied: Valium® (diazepam) Tablets, 2 mg, 5 mg and 10 mg; bottles of 100 and 500. All strengths also available in Tel-E-Dose® packages of 1000.

ROCHE

Roche Laboratories
Division of Hoffmann-La Roche Inc.
Nutley, N.J. 07110


NEW FOR ULCER
LIQUID MYLANTA®-II
GREATER NEUTRALIZING IMPACT
☐ more neutralizing action per teaspoonful than standard antacids
☐ without the acid rebound associated with calcium carbonate
☐ pleasant tasting / rapidly effective
☐ non-constipating / non-laxating
MYLANTA®-II LIQUID
aluminum and magnesium hydroxides plus simethicone
NEW HIGH POTENCY ANTACID FOR RELIEF OF ULCER PAIN
STUART PHARMACEUTICALS | Division of ICI America Inc. | Wilmington, Del. 19899 | Pasadena, Calif. 91109

INDEX TO CALIFORNIA MEDICINE ADVERTISERS

Femininity & Vaginitis

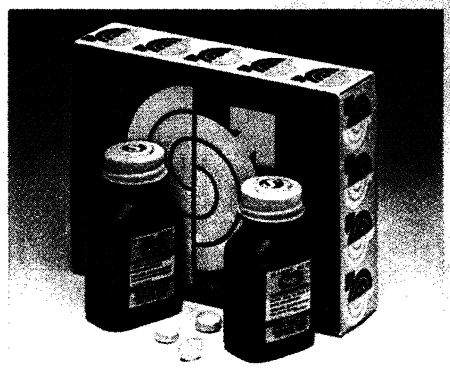
Many women still believe that a douche is a cure-all for vaginal secretions and malodor. Mother tells daughter and the myth is perpetuated.

Other cosmetic products are not much better. Though they may be effective in some minor infections, they cannot touch the real medical problem, which very often is trichomonal vaginitis.

Medicine's most effective cure for trichomonal vaginitis is Flagyl® (metronidazole). It is also pleasantly feminine because it provides the simplicity of oral medication . . . frees women from the unpleasant mess and bother of douches.

When the problem is trichomonal vaginitis . . . remember Flagyl. It cures trichomoniasis with an unmatched high degree of effectiveness.

Flagyl is indicated for the treatment of trichomoniasis in both male and female patients and the sexual partners of patients with a recurrence of the infection provided trichomonads have been demonstrated by wet smear or culture.



Flagyl®

brand of (metronidazole)

Indications: For the treatment of trichomoniasis in both male and female patients and the sexual partners of patients with a recurrence of the infection provided trichomonads have been demonstrated by wet smear or culture. The oral form is indicated also for intestinal amebiasis and amebic liver abscess.

Contraindications: Evidence or history of blood dyscrasia, active organic disease of the CNS, the first trimester of pregnancy and a history of hypersensitivity to metronidazole.

Warnings: Use with discretion during the second and third trimesters of pregnancy and restrict to those pregnant patients not cured by topical measures. Flagyl (metronidazole) is secreted in the breast milk of nursing mothers. It is not known whether this can be injurious to the newborn.

Precautions: Mild leukopenia has been reported during Flagyl use; total and differential leukocyte counts are recommended before and after treatment with the drug, especially if a second course is necessary. Avoid alcoholic beverages during Flagyl therapy because abdominal cramps, vomiting and flushing may occur. Discontinue Flagyl promptly if abnormal neurologic signs occur. Exacerbation of moniliasis may occur. In amebic liver abscess, aspirate pus during metronidazole therapy.

Adverse Reactions: Nausea, headache, anorexia, vomiting, diarrhea, epigastric distress, abdominal cramping, constipation, a metallic, sharp and unpleasant taste, furry or sore tongue, glossitis and stomatitis possibly associated with a sudden overgrowth of *Monilia*, exacerbation of vaginal moniliasis, an occasional reversible moderate leukopenia, dizziness, vertigo, incoordination and ataxia, numbness or paresthesia of an extremity, fleeting joint pains, confusion, irritability, depression, insomnia, mild erythematous eruptions, "weakness," urticaria, flushing, dryness of the mouth, vagina or vulva, pruritus, dysuria, cystitis, a sense of pelvic pressure, dyspareunia, fever, polyuria, incontinence, decrease of libido, nasal congestion, proctitis, pyuria and darkened urine have occurred in patients receiving the drug. Patients receiving Flagyl may experience abdominal distress, nausea, vomiting or headache if alcoholic beverages are consumed. The taste of alcoholic beverages may also be modified. Flattening of the T wave may be seen in EKG tracings.

Dosage and Administration

For Trichomoniasis. In the Female: One 250-mg. tablet orally three times daily for ten days. Courses may be repeated if required in especially stubborn cases; in such patients an interval of four to six weeks between courses and total and differential leukocyte counts before, during, and after treatment are recommended. Vaginal inserts of 500 mg. are available for use, particularly in stubborn cases. *When the vaginal inserts are used,* one 500-mg. insert is placed high in the vaginal vault each day for ten days and the oral dosage is reduced to two 250-mg. tablets daily during the ten-day course of treatment. Do not use the vaginal inserts as the sole form of therapy. *In the Male:* Prescribe Flagyl only when trichomonads are demonstrated in the urogenital tract, one 250-mg. tablet two times daily for ten days. Flagyl should be taken by both partners over the same ten-day period when it is prescribed for the male in conjunction with the treatment of his female partner.

For Amebiasis. Adults: For acute intestinal amebiasis, 750 mg. orally three times daily for 5 to 10 days. For amebic liver abscess, 500 to 750 mg. orally three times daily for 5 to 10 days.

Children: 35 to 50 mg./kg. of body weight/24 hours, divided into three doses, orally for ten days.

Dosage forms: Oral tablets 250 mg.
Vaginal inserts 500 mg.

Flagyl® (metronidazole)

SEARLE Manufactured by SEARLE & CO.
San Juan, Puerto Rico 00936

Address medical inquiries to:
G. D. Searle & Co., Medical Department
P. O. Box 5110, Chicago, Illinois 60680

Research in the Service of Medicine

From Lederle

Semisynthetic

MINOCIN®

MINOCYCLINE HCl

A Research Concept Confirmed

Available in 100 mg Capsules

Lederle LEDERLE LABORATORIES, A Division of American Cyanamid Company, Pearl River, New York 10965

169-2